

The Silent Man Speaks



Study shows evidence of a duodenal ulcer with associated spasm.

His duodenal ulcer registers unspoken anxiety

He "seems" so willing to please—this silent man. When asked, he works unreasonable hours without complaint. He is imposed upon by family, relatives, friends—without question. Such a nice, quiet man—outside. But inside, flare-ups of abdominal distress betray his exasperation as well as his unspoken anxiety. In fact, his duodenal ulcer becomes his "spokesman."

The need to treat G.I. hypermotility and hypersecretion

As his overanxiety has been building, so also has hypermotility and hypersecretion. Increased gastric secretions and hypermotility, of course, are conditions that adversely affect the healing process. This is where Librax—providing dual action—may be highly useful.

The dual nature of Librax

Only Librax combines, in one capsule, the antianxiety action of Librium® (chlordiazepoxide HCl) and the antisecretory action of Quarzan® (cildinium bromide).

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or cildinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of child-

bearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to small effective amount to preclude development of ataxia, day drowsiness or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended in use of potent sedating drugs such as MAO inhibitors and phenothiazines, observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly

Br). As an adjunct to a therapeutic regimen, Librax may help relieve both somatic factors and associated anxiety that may contribute to the exacerbation of duodenal ulcer.

Up to 8 capsules daily in divided doses

For optimal response, dosage should be adjusted to your patient's requirements—1 or 2 capsules, 3 or 4 times daily.

Rx: Librax #35 for initial evaluation of patient response to therapy.

Rx: Librax #100 for follow-up therapy—this prescription for 2 or 3 weeks' medication can help maintain patient gains while permitting less frequent visits.

For the anxiety-linked symptoms of duodenal ulcer

adjunctive **Librax**®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg cildinium Br.

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Nutley, N.J. 07110

and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.



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Medical Tribune

and Medical News

Vol. 14, No. 38

world news of medicine and its practice—fast, accurate, complete

Wednesday, October 10, 1973

Government Proposal

Dr. Cooper Asks Hypotensive Drug Price Reduction

Medical Tribune Report

ATLANTA, Ga.—Dr. Theodore Cooper, director of the National Heart and Lung Institute, in an unprecedented move, has called on pharmaceutical manufacturers to reduce the price of antihypertensive drugs.

"We want to put the arm on the pharmaceutical industry to reduce their costs for the basic medication," said Dr. Cooper, speaking at the Georgia Heart Association's 25th annual scientific session for physicians and professional nurses.

"We think the justification for that lies in the fact that we expect an increase in the market."

Dr. Cooper, director of the National High Blood Pressure Program, pointed to "overwhelming figures" that could be calculated, using the current estimate that puts the number of hypertensives in the country at 23,000,000. In current studies, he said, the cost to those who need medication runs about 40 cents a day, on the average, but goes as high as two and a half dollars or more for certain types of patients.

"I think it is worth repeating the formula by which the pharmacist—the middleman in many systems—reaches the figure paid at the drugstore for medication. For prescription, there is a certain cost for the drug. But there is also a certain handling cost."

"A very common" handling cost is \$2 per prescription, he said. "It doesn't really make any difference whether it is a very

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Animal Model Developed For Myelocytic Leukemia

Medical Tribune Report

ISE-SHIMA, JAPAN—The first primate animal model for human acute myelocytic leukemia has been developed by scientists at the National Cancer Institute in Washington, D.C., the sixth International Symposium on Comparative Leukemia Research was told here.

In addition, nonhuman primate models for two more human cancers were described here by Dr. Richard H. Adamson, of the NCI Laboratory of Chemical Pharmacology.

The owl monkey, *Callithrix jacchus*, and the white-tipped marmoset, *Callithrix jacchus*, will develop lympho-

mas and acute lymphocytic leukemias, similar to those found in man, when inoculated with Herpes virus saimiri (HVS), Dr. Adamson said.

Human acute myelocytic leukemia developed in marmoset monkeys after long-term, high-dose administration of a cytotoxic agent, procarbazine. They also developed lymphoma and hemangiosarcoma.

The acute lymphocytic leukemia found in the owl monkey after HVS inoculation, Dr. Adamson said, mimicked the disease in children, including its response to cytosine arabinoside or a combination of prednisone and vincristine. Symptoms of lymphoma disappeared in the same species when treated with cyclophosphamide.

Dr. Adamson said that he is evaluating the effect of human interferon on cancer in his animal models.

Marmosets were also the model for hepatic cancer caused by the mold aflatoxin B, the plant product cycasin, and three of the nitrosamines. Although diethylnitrosamine, dipropylnitrosamine, and 1-nitrosopiperidine all caused cancer, Dr. Adamson found that the diethylnitrosamine cancer most closely resembled the human disease; it responded to treatment with methotrexate and ndriamycin, or gallium. Methotrexate has been in clinical test for liver cancer, but this observation is the first time that adriamycin or gallium has been used to treat this neoplasm.

And Love His Countenance

How Dr. Strangeface Learned to Stop Drooling

By JAMES E. TURNER, M.D.
Memorial Hospital of DuPage County,
Elmhurst, Ill.

AT PRECISELY 2 O'CLOCK on Thursday, June 14, while driving my van on a Minnesota vacation trip, I blinked and found that my left eye would not close. "Goud heavens," I thought, "have I got Bell's palsy?"

Back at the motel, mugging the large wall mirror, I found the whole syndrome in full flower. The left upper eyelid was paralyzed in the open position, like an old window shade stuck at the top of its run. The mouth was askew, Jimmy Cagney style, producing problems in pronunciation, with sloppy sibilants and moistly explosive Porky Pig p's. The cornea was anesthetic, and noises were at least twice as loud on the left as on the right. I was to find that barking dogs, sneezes, and motorcycles on the left would produce acoustic stimuli bordering on the painful.

I quickly checked the other cranial nerves and found no positive signs. It appeared, then, that I did not have some exotic tumor, such as an acoustic neuro-

noma or carcinoma of the nasopharynx. (As a radiation therapist, I suffer from at least one new neurotic neoplasm each year.) I recalled having slept in the motel in the draft of the air conditioner for the previous three nights and hoped that this chilling of my face was the real cause of my seventh-nerve palsy.

I got some methyl cellulose eyedrops and flesh-colored stick-on eye patches at the local pharmacy and, attired as Captain Hook, managed to drive 600 miles home. It is true that parallax of moving objects, perspective, relative size of objects, and

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Winners Are Announced In Tribune Competition, Will Receive Dali Prints

Following are the first winning returns in the MEDICAL TRIBUNE Dali print sweepstakes:

ARIAS, HUGO, M.D.
800 Pershing Drive
Silver Spring, Md.

BAILEY, FREDERICK N., M.D.
377 Park Street
Upper Mantclair, N.J.

Continued on page 5

Early Diabetes Affects Nerves, EMGs Indicate

Medical Tribune World Service

BRUSSELS—Nerve conductivity is appreciably slowed even in borderline diabetes, a Japanese research team told the eighth Diabetes Congress here.

Motor conduction velocity in the tibial nerve was tested in 424 subjects with abnormal glucose tolerance tests, 492 diabetics, and 244 normal persons. Maximum speed in the electromyographic studies was 50.4 M./second in the diabetics, 52.0 in the borderline cases, and 53.7 in the normals.

These results indicated that diabetic neuropathy should be considered a concomitant phenomenon and not a late complication, said H. Himci and H. Uehara, of Okayama Red Cross Hospital.

Radlogold Pituitary Implant Used For Diabetic Retinopathy

From Nancy and Paris

► Treatment of diabetic retinopathy with implantation of radioactive gold into the pituitary gland produces results comparable with removal or ablation of the gland, a group of French investigators reported.

The isotope was used in 27 patients, aged 20 to 65, who were observed for 36 to 50 months postoperatively. In 80 per cent of the patients, hemorrhaging decreased and exudate was reduced, with 37 per cent showing evidence of revascularization and 39 per cent better vision, the report said.

The investigators were G. Debry, J. Talairach, E. Saudax, C. Schaub, and P. Drouin, of Nancy and St. Anne Hospital, Paris.

Three Main Syndromes Associated With Specific Pancreas Tumors

From Paris

► The three main syndromes associated with non-beta-cell tumors of the pancreas are the Zollinger-Ellison syndrome, glucagonoma, and pancreatic cholera, Prof. Serge Bonfils, of Hôpital Bichat, Paris, told a panel on islet-cell tumors.

The Zollinger-Ellison syndrome is the most frequent, he said, and may occur alone or as part of a polyadenomatosis syndrome. In his own experience, 13 of 53 cases were polyadenomatosis-associated.

Computer May Be Pandora's Box for Medicine

Medical Tribune World Service

GHEENT, BELGIUM—The computer may prove to be a Pandora's box of negligence litigation in the health-care field, a Canadian insurance official warned here.

Lorne Elkin Rozovsky, departmental solicitor for the Nova Scotia Hospital Insurance Commission in Halifax, told the third World Congress on Medical Law that thus far there has been almost no such litigation but that at least one Canadian court has given on indication of what may be in prospect.

The court stated that "it is incumbent

on the person using such new techniques [as the computer] to exercise not only reasonable care as ordinarily required but to exercise very great care, if not the greatest care possible."

Negligence in connection with computer use could arise in several ways, Mr. Rozovsky said:

- Errors could be made in the programming of the computer, in the input of information, and in the request for information output.
- Litigation could arise out of injury allegedly caused by the improper utilization of the computer.
- Negligence litigation could arise out of an error of malfunction of the computer itself.

"This last instance," Mr. Rozovsky

Hypotensive Agents Inadequate in Some Patients

Medical Tribune World Service

MELBOURNE, AUSTRALIA—In a small percentage of hypertensive patients the response to standard drug regimens is inadequate, Dr. G. P. Hallwright, of Wellington (N.Z.) Hospital, said here.

Addressing the Cardiac Society of Australia and New Zealand, he said that the usual problems in management result from failure of communication but that among some patients—not more than 2 per cent

pointed out, "can be especially serious where the computer is used directly or indirectly for therapeutic intervention. Such purely mechanical problems could attach liability to the owner of the computer, the manufacturer, the seller, or the user."

Another problem area would be that of using computer output as evidence in court in place of the currently used original medical records.

"Because computerized medical records are unaltered and are not yet well known in the judicial setting, the courts may be reluctant to accept them in lieu of original documentation," Mr. Rozovsky said.

"There is also the problem of data banks' being open to constant subpoena orders involving the information held by them from numerous health providers."

—even large doses of strong hypotensive agents, either alone or in standard combinations, fail to control the disease.

"In the last 15 years, refractory hypertension has been treated with two-stage thoracolumbar sympathectomy, not below L2," Dr. Hallwright said. "This has been found to potentiate the action of hypotensive drugs, subsequently reducing the total dose required, with more comfort for the patient."

Goats Vaccinated for Brucellosis



In a campaign to end epidemics of brucellosis, or Malta fever, among the human population, the health authorities of Peru have launched a vast operation to vaccinate hundreds of thousands of goats, the primary source of infection.

Macrovascular Problems Offset By Blood Pressure Control

From University of Tokyo

► Macrovascular complications of diabetes are better offset by weight and blood pressure control than by reducing hyperglycemia, according to a Tokyo team.

A five-year study of 373 diabetics (150 for 10 years) showed little correlation between success of therapy with insulin or oral drugs and development of hypertension or electrocardiographic signs of heart disease.

Retinopathy, however, was favorably influenced by good diabetes control.

Coauthors were Eishi Miki, Takehiko Ide, Yasuo Akumura, Hiroshi Kajimura, Yasumori Kaminawa, Hiroyuki Sando, Masaki Hazashi, Takeshi Kuzuy, and Kinori Kosaka, of the University of Tokyo.

Sluggish Insulin Response Tied To Early Signs of Neuropathy

From Tokyo

► Another Tokyo team reported that sluggish insulin response to glucose loading correlates well with early signs of neuropathy in borderline diabetics.

Whether gnaged by pupil reflex, vibratory sensing, residual urine volume, or motor nerve conductivity, a steady progression of neural deficit from the normal to the borderline to the outright diabetic was discerned.

A defect seen in any of the tests was almost invariably accompanied by an inhibited insulin output 30 minutes after glucose. The neuropathy also correlated well with retinopathy, said Akira Horiuchi, Shinichi Kitamura, Goji Tnnaka, and Kempo Matsuo, of Saiseikai Central Hospital.

If Passenger May Have Cholera, Look at His Face, Not His Card

Medical Tribune World Service

GENEVA, SWITZERLAND—Dr. Dhimian Barun, medical officer at the World Health Organization and former director of the Cholera Hospital in Calcutta, speaking of cholera and border controls, said:

"You don't look at the yellow health card of a passenger coming in from a country with cholera; you look at his face. If he looks ill you ask questions, and if he has diarrhea you test his stool for Vibrio. It is very simple."

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CLINICAL NEWS NOTE: "It has been said that modern medicine can now overcome pain without shortening life, and if this is really so, then the case for legalizing euthanasia is considerably weakened." (Dr. Philip H. Addison; see page 4.)

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5

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

AGE:

☐ UNDER 40

☐ 40-65

☐ OVER 65

PRACTICE

☐ GENERAL

SPECIALTY _____

APPROXIMATE NUMBER OF PATIENTS SEEN WEEKLY

☐ LESS THAN 50

☐ 50-100

☐ MORE THAN 100

APPROXIMATE % OF PRACTICE TIME SPENT IN HOSPITAL

☐ 40%

☐ 25%

☐ 50%

☐ OVER 50%

VerminClean-Up In N.J. Hospitals Creates Dispute

Medical Tribune Report

TRENTON, N.J.—After two weeks on the writhing over unsanitary conditions in the kitchens of New Jersey health facilities, the director of Consumer Health Services for the New Jersey Department of Health has had his feathers clipped.

In closing kitchens and bakeries in nine state-operated health facilities—including New Jersey's second largest hospital, Newark's Martland-Oscar Sussman, D.V.M., succeeded in infuriating his boss, the state health commissioner, several hospital administrators, the state's acting director of institutions and agencies, the state attorney general, and perhaps even the governor.

Dr. James R. Cowan, the state health commissioner, reportedly threatened to fire Dr. Sussman, who is protected by Civil Service, but instead settled for issuing new procedures curbing Dr. Sussman's powers. There is a "fundamental difference," Dr. Cowan said, between retail food establishments, which until recently were the sole concern of Dr. Sussman's office, and kitchens in health facilities. Patients are captive, he said, and "medical considerations must be taken into account."

Capacity Is Questioned

"Dr. Oscar Sussman," he fumed, "who is a veterinarian, does not have the capacity to make a medical judgment as it relates to patient care in a health facility."

"I am horrified," Dr. Sussman shot back, "to think that physicians, who operate certain hospital facilities, who supposedly have the capacity to make a medical judgment as it relates to patient care, have so little capacity to comprehend that when a person is sick and depressed, that he should not be fed from a hazardous, greasy, filthy, roach and rodent-infested kitchen. We discovered almost a third of the state institutions to be unsanitary, while only 1 per cent of crappy little pizza parlors were unsatisfactory."

In almost all of the facilities ordered closed, Dr. Sussman said, "it was not a matter of a few roaches, but of hundreds. And roaches carry Salmonella. We also found flies, rodents, grease, dirt, and grime."

At the Martland Medical Center, the main teaching hospital of the College of Medicine and Dentistry of New Jersey, a spokesman said that the hospital had requested an inspection to see if the sanitary guidelines were being followed. "The inspectors went a little further than that," he said. "Our kitchen was closed for 10 hours. No meals were missed, however."

At the Alexian Brothers Hospital in

Five-Time Winner



Dr. Robert Magoon, of the University of Miami (Fla.), has won his fifth U.S. offshore powerboat championship and was featured in Sports Illustrated.

Elizabeth, where the kitchen was closed for 12 hours because of alleged roaches, old food on floors and walls, dishwashers that were too cold, and refrigerators that were too warm, the administrator, J. Peter Certo, said the inspectors were "good, and keep you on your toes."

"We would just appreciate it if we were given more time to correct our problems before being ordered to close," he said. "A reputation built up over 80 years in the hospital field can be destroyed by one inspection."

Polyunsaturated Fats Linked To Increased Risk of Cancer

Medical Tribune World Service

PERTH, AUSTRALIA—People who eat polyunsaturated fats in place of animal fats may be increasing their risk of developing cancer, an Australian investigator told the annual congress of the Australian and New Zealand Association for the Advancement of Science here.

Further, said Dr. C. E. West, of Aus-

tralian National University, Canberra, no conclusive proof exists that polyunsaturated fats, largely vegetable oils, prevent heart disease.

Dr. West said studies in 1971 showed an increase in cancer incidence among groups in Los Angeles using polyunsaturates. They also showed an increased need for vitamin E intake.

"The possible harmful effects of polyunsaturated fats in the diet have often been glibly dismissed—despite the relatively short time of exposure of Western communities to large amounts of these fats," Dr. West commented. "Adequate control should be considered carefully before widespread manufacture of these products comes and it is too late."

He said that clinical trials have not shown reduction of the death rate with the use of polyunsaturated fats. Although they have shown a reduction in male deaths from heart disease, total mortality has not been significantly reduced, he said.

Good Pain Relief Cuts Chances Of Euthanasia Law in Britain

Medical Tribune World Service

GHENT, BELGIUM—Dying patients seldom ask for euthanasia. Many of them do not realize they are dying, and when they do, they generally welcome any prolongation of life.

These were among the conclusions of a report prepared by a special panel of the British Medical Association's Board of Science and Education, Dr. Philip H. Addison, secretary of the Medical Defense Union in London, told the third World Congress on Medical Law here.

"The majority of deaths in the present day and age are peaceful, whatever the nature and character of the preceding illness," Dr. Addison said.

He noted that the current law in the United Kingdom is such that a doctor is entitled to do all that is proper and necessary to relieve pain and suffering, even if the measures he takes might incidentally shorten life.

"It has been said that modern medicine can now overcome pain without shortening life, and if this is really so, then the case for legalizing euthanasia is considerably weakened," he observed.

Dr. Addison said that when an attempt was made to legalize voluntary euthanasia in 1969, "the rejection of the bill reflected the wishes of the great majority of medical men and women in Great Britain, and there can be no doubt at all that the vast majority of members of the medical profession would, at any rate at the present time, be opposed to the introduction of legalized voluntary euthanasia."

There is no doubt that the campaign for voluntary euthanasia in Britain will continue. Dr. Addison said, adding that "a great many doctors in Britain, particularly those whose work lies principally among the old and dying, fear the possibility of its success."

"The advocates of euthanasia," he said, "do not consider there is any need for fear that the carefully controlled arrangements they propose could lead to the disposal of the old and unwanted."

Dr. Addison continued:

"Although I find it difficult to believe that such a stage would ever be reached in any civilized country, it is not beyond the bounds of comprehension to envisage a situation where an elderly patient, having been assured that his case was hopeless and likely to become more and more painful, might feel a 'moral pressure' on him to apply for euthanasia rather than to remain a burden on his relatives or society."

Worry Could Be Explained

"Most of us have encountered old people who complain that they have lived too long, and the danger is that their worry could be exploited."

Requests for euthanasia rarely come from the patient himself, Dr. Addison pointed out, but usually come from the relatives, mainly because they fear a lingering illness and an appalling strain on themselves.

Drawing a clear distinction between euthanasia and the discontinuance of resuscitative measures, he expressed the opinion that "irreversible coma should be accepted from both the legal and ethical aspects as a criterion for the latter."

"The preservation of human life in a condition of irreversible coma solely for the sake of the family is in fact to regard the patient as an object rather than a subject," Dr. Addison commented.

Staff Helps Raise Money for Hospital

Medical Tribune Report

NEW YORK—Employees of Freech Poly-clinic Medical School and Health Center here have raised more than \$60,000 in an effort to keep the hospital from falling financially.

Nearly 95 per cent of the employees are expected to donate a pint of blood or a day's salary or both in a continuing fund-raising campaign.

According to a hospital spokesman, the hospital is losing money because it is inadequately reimbursed for patients by government and insurance agencies and because it has been unable to raise fees under the Economic Stabilization Program.

More Winners

BERG, CHARLES J., D.O., 103 Washington Street, Rittman, Ohio
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One Man...and Medicine

ARTHUR M. SACKLER, M.D.,
International Publisher, Medical Tribune



New—A National CPC

INEVITABLY, medicine colors everything we do—how we think, how we act. As physicians, we tend to take many things for granted. When medicine becomes a way of life, some things become so ingrained as to be reflex and many an action becomes an unconscious act. Take the clinical-pathological conference as an example. Here is a unique institution in hospital after hospital, state after state, country after country. The premise of the CPC often is the fallibility of man—and of medicine. Its goal is our patients' good; its method a probing, dissecting search for fact. No clinician views it as a challenge to his good faith. Rarely does he rail against the findings of the pathologist. Clinician and pathologist join to juxtapose fact against opinion. The necropsy seeks to remove that which obscures our vision and judgment. We seek to reveal that which is hidden by meticulous examination, gross and microscopic. The end result is sharpened skills, better doctors, better medicine, and healthier patients.

America is today taking part in a national CPC—a clinical-pathological conference on our political process and on the exercise of legislative power. The behavior of many in the highest echelons of government is exposed for critical examination. As every physician can testify, the clinical-pathological conference, certainly in medicine, is all to the good.

The premise of the CPC, first, is that the physician has diagnosed and treated his patient in good faith; second, that he is mortal—that his skills are measured not by infallibility but by the ratio of right to wrong decisions and, third, that we can only learn, progress, and grow by an honest, direct, and straightforward search for error, the revelation of mistakes, and correction of our practice in the light of those revelations. I suppose the reason why the political CPC called the Watergate hearings so painful is that for the first time political leaders, fortunately of both parties, and tens of millions of our people are jointly and publicly taking part in such a process—one which has long been accepted as an intrinsic and vital part of medical practice and procedure.

Society Cannot Rival Man

As complex as it is, society cannot rival the complexity of man; nonetheless, it is a living organism. The body politic is made up of people. The executive is in part its motor cortex and musculoskeletal system, its legislative structure a sensory area reaching and relating to environmental stimuli, the courts an organ for evaluation and equilibration, for interpretation and integration, to assure functional balance of all the systems on the basis of judgments grounded on certain principles.

As physicians, we are realistic and recognize that our organs and systems are subject to a wide range of disorders. We seek to determine how a system or organ is functioning. What provides the most suitable milieu for their health? What are the symptoms of disorder? What is our diagnosis and prognosis? What therapy should be prescribed?

As a physician, one soon learns that disease does not disappear if neglected. One also learns that the best way to manage disease is to prevent it. The earliest symptoms offer the greatest opportunity for correction. The best time to treat is early. And, in all our experience, we have learned that if we compromise an ill-dated therapeutic procedure in the face of serious pathology, we can compromise the life of the patient. To permit disruption of the integrity of one of the patient's vital systems can carry with it the price of death of all systems.

When our national clinical-pathological conference is over, Americans, both physicians and ordinary citizens, must face the facts. As great as our system is, as powerful as our organs are, they are not perfect. In fact, regardless of size or strength, they are delicate mechanisms. They can and have been compromised. When the hearings are over, we must have a sound and honest diagnosis and prognosis. We must face and accept and fulfill the therapeutic actions which are indicated. Above all, we must recognize that the failure to diagnose the ill, the unwillingness to accept the findings of the microscopic tests, may constitute as great a constitutional danger for our body politic, for the fabric of our constitution, and for the structure of our society as the unwillingness to recognize the presence of a cancer. The physician knows the price of medical neglect. The surgeon accepts the necessity, often unpleasant, of excising a malignant process. We perform no patriotic duty if we fail to apply the principles which are good medicine and make for good health to our social and political institutions. The price we may pay can be the loss of our birth-right.

Precise Diagnosis Needed

But, as in medicine, so too in the present situation. The diagnosis must be as precise as can be made. The therapy must be as fitting as is possible. But in all that is done, the rights we seek to preserve must be recognized as precious and delicate. They must be handled with humanness, but firmness, for those who have consciously trespassed, with understanding for those who truly have unwittingly erred. But above all, they must be handled with a recognition that all of us, physician and patient, politician and public, Democrat and Republican—all of us—have failed, some in little ways, some in very big ways. All of us are tempted to cut a corner or pull a string or blink an eye, as when a ticket is fixed. If ever there was an example of malignant escalation, a demonstration as to what happens when basic principles are disregarded, first on a little scale, then on a moderate one, then more and more this is it. The Dick Tuck tricks of some Democrats were no mere "pranks." The Black Advance of some Republican functionaries was no simple extension of the Dick Tuck tricks. One does not exculpate the other. Neither can be justified. To simply say one guy developed a "technique" and the other guy ran it into the ground is frightening, not funny.

All of us must engage in self-examination. When did the "nodule" first show? How did we miss the early symptoms? Did we miss them, or did we "accommodate" to them? Clearly, we failed to act when the tiny nodule first appeared, failed to acknowledge signs of our social cancer. To fail at this juncture to acknowledge the existence of a malignant process is to permit its growth and ultimately its metastasis. Failure to treat or excise our social cancers can jeopardize our survival.

Let us hope that, as in the case of our traditional CPC, our national CPC will not be in vain, that it will prove equally fruitful, that it will assure a better and healthier nation—a free and democratic society in which can be fulfilled the aspirations for "life, liberty, and the pursuit of happiness."

ECTOPIC BEAT

"Words, he emphasizes, are more important than we think; two ambiguous monosyllables—"Fed" and "cold" can murder a multitude."

—Mayo Clinic Proceedings.
Murdered multitude or not murdered multitude, we still don't get it.
(Regular health literature, page 27.)



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Aspects of Medicine in China

By H. LEN TSENG, M.D.
Chief of Anatomical Pathology,
Saint Elizabeth's Hospital,
Washington, D.C.

DURING MARCH AND APRIL I made a private visit to the People's Republic of China and was permitted to observe medical practice, the training of medical and paramedical personnel, and acupuncture as anesthesia and therapy.

Acupuncture

I observed closely a ureterotomy for the removal of calculus in the upper third of the right ureter under acupuncture anesthesia. The patient was a male of about 30 years of age. He received the usual dose of sodium amylal before the operation. Thirty minutes before the operation began, two acupuncture needles were inserted on the right flank, followed by two more in the middle of the forehead and two on the tip of the nose. These six needles were then connected to an electrical box of 9 volts of direct current to produce continuous stimulation through the needles. After all the needles had been completely inserted and connected with the electric box, a dose of 50 mg. of meperidine was injected through the I.V. infusion tube, which was already

started. This was the only medication the patient received throughout the whole procedure, besides the sodium amylal given the night before. The whole operation lasted approximately 40 minutes while the patient lay in the usual nephrectomy position. I conversed with the patient during the entire operation. He was never unable to answer my questions clearly; he even smiled on several occasions. The calculus removed was about 2.5 x 1.5 cm. in diameter. Again, I observed a partial gastrectomy for chronic peptic ulcer of the duodenum under acupuncture anesthesia at the Hunan Medical School First Affiliated Hospital. The patient received the same medication—i.e., 100 mg. of sodium amylal the night before the operation and 50

mg. of meperidine through I.V. infusion tube shortly before the operation. I was told at both places that the acupuncture anesthesia works best in neck surgery, but muscle relaxation is sometimes not satisfactory in abdominal surgery. However, open heart surgery has been successfully performed in Fu-Wol Hospital in Peking.

In Chung Shen Medical School Hospital, I visited a special ward where four patients with peptic ulcer of the duodenum, proved roentgenologically, had undergone treatment with acupuncture and herb medicines. Success is claimed in 52 per cent of their patients. The treatment consists of daily acupuncture five days a week, in addition to the herb medicine for four weeks. These patients received two acupuncture needles on the upper abdominal wall and two on the left leg, three fingers below the inferior border of patella and at the junction between the head of the tibia and the fibula. This point is very important in any abdominal condition. These four needles are then connected to an electrical box similar to the one used in acupuncture anesthesia, except that this box is of 6 volts instead of 9.

At Hunan Medical School First Affiliated Hospital, a special ward of approximately 20 beds is assigned to a team of physicians who treat abdominal surgical conditions—i.e., peritonitis resulting from

acute pancreatitis, ruptured appendix, and ruptured peptic ulcer. According to the physician in charge, they have so far treated 11 cases of acute pancreatitis, diagnosed by clinical history, physical findings, and enzyme studies, including amylase and lipase of serum as well as diastase of urine. The only surgical procedure done for these patients is incision and drainage of localized abscess formation. They reported only one death in these cases.

Medical Practice

The story of the barefoot doctor has been reported many times by various visitors, medical and nonmedical, to the People's Republic of China. What has not been written is the story of the barefoot midwives and "red medicine." I had a panel discussion with physicians who train these paramedical personnel in the First People's Hospital in Canton. The first question was pertaining to the prenatal care. I was told that this was done by the "barefoot midwives," who are given six months' training to recognize the position of the fetus, measure the blood pressure, examine the urine and hemoglobin by manual methods, etc.

I was astonished to hear from them that serology is unnecessary in China now, because there is no longer any syphilis. This was later verified by the deputy chief of obstetrics and gynecology of Kiangsi Medical School, who told me that there were stillborns due to syphilitic mothers in the first two to three years after 1949 but none since then among more than 20,000 deliveries. She had seen only two cases of erythroblastosis fetalis due to Rh or ABO incompatibility among the same number of deliveries.

As to the elderly people of the city, I was told that they are visited by the cadres, who receive the same training as the barefoot doctors but are called by a different name, "red medicine." They visit the patients at their homes in the mornings and evenings, and if they think the patient's condition has deteriorated or complications have arisen, they report this to the emergency room of the hospital that has been assigned to cover that particular part of the city. An ambulance is then sent, and the patient is examined and admitted to the hospital if necessary. The hospital cost is 10 cents a day.

All these paramedical personnel—the barefoot doctors and midwives in the rural areas and the "red medicine" in the city—receive six months' further training after they have worked on the job for about two years. Those who show the most potential are admitted to medical school to be trained as physicians. The qualities taken into consideration include not only medical skills but also the desire to serve the people without any selfishness, as well as the correctness of political thoughts. All paramedical personnel are required to give vaccinations and check the sanitation for preventive medicine, treat common colds, headaches, and minor diseases, and attend simple injuries, including sutures of superficial wounds and fixing fractures with splints. Through universal vaccination, infectious and parasitic diseases, which were flourishing in China before 1949, are now almost completely eradicated.

Training of Medical Personnel

All hospitals and medical schools which had been built before 1949 have been expanded, and new ones have been erected. Before 1949, there were 200 beds in the teaching hospital of Hsiang-Ya (Yale in China) Medical School, and the old medical school, now known as Hunan Medical School, admitted approximately 40 to 50 students annually. Classes have been expanded to 600 annually for the past three years, with total enrollment of about 1,800 at present. The hospital has also been enlarged to 750 beds. A new, second affiliated hospital of 750 beds has been built at another location. Together with two other small hospitals, there is a total of 2,000 beds for clinical teaching. The medical school was closed during the cultural revolution from 1966 to 1969, but since 1970, 600 students have been admitted annually.

The Ministry of Education is not quite decided on how many years of medical

Continued on page 15

Test-Tube Embryo Experiment to Be Repeated

Medical Tribune World Service

MELBOURNE, AUSTRALIA—The research team here that claims to have succeeded in implanting a test-tube embryo in a womb is about to repeat the experiment. Dr. John Leeton, of Monash University, told MEDICAL TRIBUNE:

"There is a powerful demand for this work, and we believe it should be done. If we wait for the community to formulate absolute guidelines on this sort of work, we would never make any progress. We have to press on."

The investigators are fully aware of the moral and social implications of their research, he said, and plan to tell what they are doing so that the public can share their problems.

Their experiment is believed to be the only research of its kind in Australia and probably, at the moment, in the world, he said.

The team of Melbourne physicians—led by Dr. Leeton and Dr. Carl Wood—took an ovum from a 36-year-old woman, fertilized it in a test tube, and three days later implanted it in her womb. The pregnancy lasted nine days after the implantation, performed at the Queen Victoria Hospital.

Most of the studies of ways of keeping the fertilized ovum alive in the test-tube stage were done by Dr. John Lopna, of the Monash University Department of Obstetrics and Gynecology.

The technique was perfected after four years' work by the Queen Victoria Hospital-Monash team and a number of veterinary and human biology investigators.

Work Done Elsewhere

Similar work has been done elsewhere in Australia and overseas, but it is thought not to have been successful.

A second implanting operation was performed recently by the team, but the results were not conclusive.

The first woman in the world to become pregnant by the technique is a 36-year-old wife of a Victorian farmer. She has been unable to conceive. Her right ovary and fallopian tube were removed at 18 because of damage, and her left fallopian tube was blocked.

Sperm from the woman's husband was used to fertilize the ovum in the test tube. The ovum was drawn from the woman's left ovary four hours before fertilization and was kept alive in its own natural fluid in an atmosphere of nitrogen (90 per cent) and oxygen and carbon dioxide (10 per cent). The sperm was washed in a synthetic solution of bodylike fluid to remove naturally occurring antifertility substances.

The ovum was transferred from its life-supporting solution into the dilute solution of the sperm. Twenty hours after fertilization the outer cell layer of the ovum disappeared—indicating normal growth. At this stage the ovum was again transferred, this time into a special growth solution containing 20 per cent serum taken from calves. After 43 hours the fertilized egg was still at the single-cell stage but thriving. At 49 hours a three-cell stage was reached.

Sixty-seven hours after fertilization the ovum had reached the six- to eight-cell division stage. It was then time for transfer to the womb, where a state of artificial pregnancy had been induced.

The woman was given analgesics and drugs to stop uterine contraction. At 74 hours after fertilization, the egg was transferred through the cervical canal inside a special double plastic tube. The egg was held in a minute amount of growth fluid inside the tubes.

Slowly the embryo was injected into the uterus—its movement monitored by microscopy. On the fourth and fifth days after implantation, there were definite indications from tests that the embryo was

Insulin In Diabetics

Chicago—Some diabetic patients who require insulin may retain the ability to secrete insulin from their pancreas, University of Chicago researchers have found.

Implanted and was developing. A pregnancy—and proof of success—was measured by readings of gonadotrophin excretion. These excretions, which can be measured at the seventh day of pregnancy, rose sharply.

A surgical complication from another operation done on the woman days before the transplant probably caused the embryo to abort, the investigators said. (A healing lower abdominal wound from the earlier operation burst on the sixth day of pregnancy and had to be repaired.)

Pregnancy Kept Secret

The pregnancy was kept secret for six weeks while the team examined evidence that it had actually taken place. The evidence has been shown to a number of leading human and animal production experts, and a full report on the pregnancy and technique has been prepared for the *Lancet*.

Drs. Leeton and Wood believe that more work is needed to iron out "trouble spots" in the technique. It is likely that calf serum used in the early stages of the test-tube development will be replaced as a growth medium.

Further, the method of "washing"

sperm has been rejected and another method selected.

In the MEDICAL TRIBUNE interview, Dr. Leeton commented:

"The work we've been doing is clinically oriented. We saw a need for women with blocked tubes to have this done so they could have children. We can't see any problems in this area. It's morally acceptable. But in the long term—and I don't think this will happen in my lifetime—I can see big problems arising."

He believes the era is now not far off when it will be possible to fertilize one woman's ovum in a test tube and then implant it in another woman's womb.

This, Dr. Leeton observed, could lead to a new occupation for women—that of "incubator" for other people's children. The professional woman—or the woman who did not want to give up her job—could hire an "incubator" to bear her family.

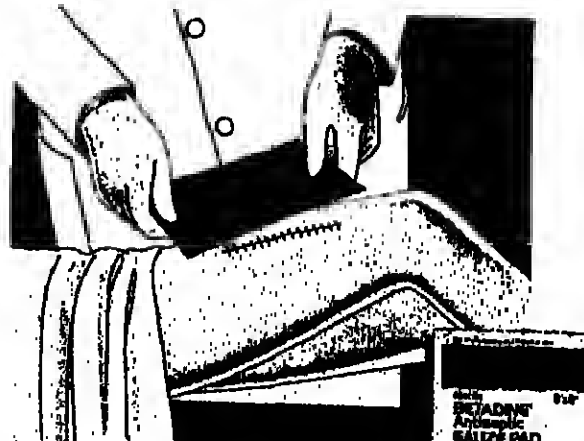
Commenting on the ethical aspect of this prospect, the head of the University of Sydney's School of Biological Sciences, Prof. Charles Birch, said: "What happens to the wretched girl who carried the child? How will she feel about giving it up? I foresee this as one of the major problems."

Diseases on Rise in Asia



The World Health Organization has reported that cholera, smallpox, and malaria are on the rise again in India and other nations of the region. Calling for vigorous efforts by governments and international agencies to control these diseases, Dr. Mahler, director-general of WHO, said there were several major epidemics in Bangladesh and the northern belt of India.

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Contraindications: Severe central nervous system depression, comatose states from any cause, hypotensive or hypertensive heart disease of extreme degree.

Warnings: Administer cautiously to patients who have previously exhibited hypersensitivity reactions (e.g., blood dyscrasias, anaphylaxis to phenothiazines). Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides. During pregnancy, administer only when the potential benefits exceed the possible risks to mother and fetus.

Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures. In epileptic patients, anticonvulsant medication should also be maintained. Proliferative retinopathy may be avoided by remaining within the recommended limits of dosage. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving), and increase dosage gradually. Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension since phenothiazines may induce a reversed epinephrine effect on occasion. Daily doses in excess of 300 mg. should be used only in severe neuropsychiatric conditions.

Adverse Reactions: **Central Nervous System**—Drowsiness, especially with large doses; early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; nocturnal confusion, hyperreflexia, lethargy, psychotic reactions, restlessness, and headache. **Autonomic Nervous System**—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. **Endocrine System**—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. **Skin**—Dermatitis and skin eruptions of the urticarial type, photosensitivity. **Cardiovascular System**—ECG changes (see **Cardiovascular Effects** below). **Other**—A single case described as peritonsillar swelling.

The following reactions have occurred with phenothiazines and should be considered: **Autonomic Reactions**—Miosis, constipation, anorexia, paralytic ileus. **Cutaneous Reactions**—Erythema, exfoliative dermatitis, contact dermatitis. **Blood Dyscrasias**—Agranulocytosis, leukopenia, eosinophilia, thrombocytopenia, anemia, aplastic anemia, pancytopenia. **Allergic Reactions**—Fever, laryngeal edema, angioneurotic edema, edema. **Hepatotoxicity**—Jaundice, biliary stasis. **Cardiovascular Effects**—Changes in terminal portion of electrocardiogram, including prolongation of Q-T interval, lowering and inversion of T wave, and appearance of a wave tentatively identified as a third T or a U wave have been observed with phenothiazines, including Mellaril. **Hypotension**—These appear to be reversible and due to altered repolarization not myocardial damage. While there is no evidence of a causal relationship between these changes and significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients showing characteristic electrocardiographic changes while taking the drug. While proposed, periodic electrocardiograms are not regarded as predictive. **Hypotension**, rarely resulting in cardiac arrest. **Extrapyramidal Symptoms**—Akathisia, agitation, motor restlessness, dystonic reactions, trismus, torticollis, opisthotonus, oculogyric crises, tremor, muscular rigidity, and akinesia. **Persistent Tardive Dyskinesia**—Persistent and sometimes irreversible tardive dyskinesia, characterized by rhythmic involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, pulling of cheeks, puckering of mouth, chewing movements) and sometimes of extremities may occur on long-term therapy or after discontinuation of therapy, the risk being greater in elderly patients on high-dose therapy, especially females; if symptoms appear, discontinue all antipsychotic agents. Syndrome may be masked if treatment is substituted, dosage is increased, or antipsychotic agent is switched. Fine vermicular movements of tongue may be an early sign, and syndrome may not develop if medication is stopped at that time. **Endocrine Disturbances**—Menstrual irregularities, altered libido, gynecomastric lactation, weight gain, edema, false positive pregnancy tests. **Urinary Disturbances**—Retention, incontinence. **Other**—Hyperpyrexia; behavioral effects suggestive of a paradoxical reaction, including excitement, bizarre dreams, aggravation of psychosis, and toxic confusional states; following long-term treatment, a peculiar skin-eye syndrome marked by progressive pigmentation of skin or conjunctiva and/or accompanied by discoloration of exposed sclera and cornea; stellate or irregular opacities of anterior lens and cornea.

SANDOZ PHARMACEUTICALS, EAST HANOVER, NEW JERSEY 07930



THE HIGH COST OF EXCESSIVE ANXIETY

IN PSYCHOLOGIC SUFFERING

Excessive anxiety is generally recognized as a distressing emotional experience and is frequently present in some neurotic states. Excessive anxiety, untreated, can often become chronic, sometimes inhibiting effective action and self-realization. By relieving the patient's excessive, disabling anxiety, the physician can help the patient diminish his maladaptive behavior and confront his life problems more effectively.

IN DISTURBED PHYSICAL FUNCTION

Pronounced anxiety can affect virtually every body system according to the individual pattern of response. Thus, anxiety can lead to a variety of psychophysiologic sequelae such as tachycardia, muscular spasm, sweating, gastrointestinal disturbances and others.

In organic disorders, the patient's excessive anxiety may exacerbate organic symptoms and adversely affect the course and management of the condition; e.g., in angina pectoris, hypertension and duodenal ulcer. Attention to excessive anxiety and emotional tension thus becomes a vital part of effective total management of the patient.

tion to excessive anxiety and emotional tension thus becomes a vital part of effective total management of the patient.

IN DISRUPTED PRODUCTIVITY AND PERFORMANCE

While a reasonable amount of anxiety is a motivating, alerting force, the deleterious effects of disproportionate anxiety on performance in any activity calling for concentration and sustained effort are well known. Often, it is the disturbing effect of anxiety on work productivity that brings the patient to the physician. Mounting anxiety, unrelieved, may impair both mental and physical performance.

Modified Hamilton
Anxiety Rating Scale

Adapted from Lader, M.,
and Marks, I.: *Clinical
Anxiety*, New York,
Grune & Stratton, 1972,
pp. 99-101.

Markham, M. J.

Date	Name	Physician	Symptom	absent	very severe	Comments
			Anxious mood Worries Anticipation of the worst Irritability			
			Tension Feelings of tension Fatigability Inability to relax Startle response Easily moved to tears Trembling Feelings of restlessness			
			Apprehensions Darkness Strangers Solitude Animals Crowds Traffic			
			Intellectual Difficulty in concentration Impaired memory			
			Cardiovascular symptoms Tachycardia Palpitations Chest pain Throbbing of vessels Fainting feelings Arrhythmia			
			Gastrointestinal symptoms Difficulty in swallowing Wind Pain before and after meals Burning sensations Nausea Vomiting Borborygmi Diarrhea Constipation			

Before prescribing, please consult
complete product information, a summary
of which follows:

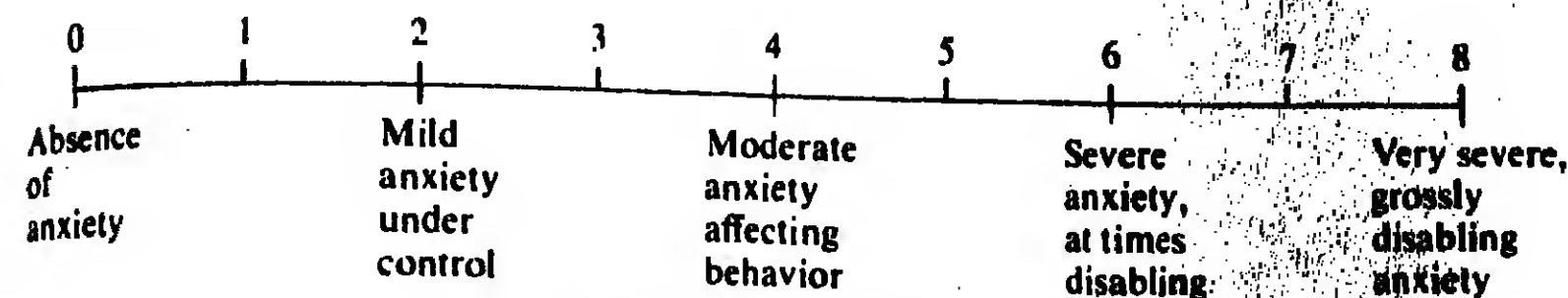
Indications: Relief of anxiety and tension
occurring alone or accompanying various
disease states.

Contraindications: Patients with known
hypersensitivity to the drug.

Warnings: Caution patients about possible
combined effects with alcohol and other
CNS depressants. As with all CNS-acting
drugs, caution patients against hazardous
occupations requiring complete mental alertness
(e.g., operating machinery, driving).
Though physical and psychological dependence

have rarely been reported on recommended doses, use caution in administering to
addiction-prone individuals or those who
might increase dosage; withdrawal symptoms
(including convulsions), following discontinu-
ation of the drug and similar to those seen
with barbiturates, have been reported. Use
of any drug in pregnancy, lactation, or in
women of childbearing age requires that its
potential benefits be weighed against its
possible hazards.

Precautions: In the elderly and debilitated,
and in children over six, limit to small-
est effective dosage (initially 10 mg or less
per day) to preclude ataxia or overmedation,
increasing gradually as needed and tolerated.
Not recommended in children under six.
Though generally not recommended, if com-
bination therapy with other psychotropics
seems indicated, carefully consider individual
pharmacologic effects, particularly in use of
potentiating drugs such as MAO inhibitors



Typical linear scale for observer rating of anxiety

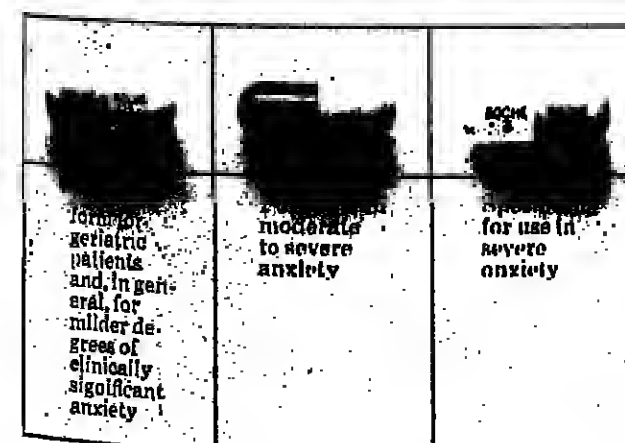
Librium (chlordiazepoxide HCl) is thoroughly established as a dependable agent for the prompt relief of excessive anxiety and emotional tension; usually it does not impair mental acuity or ability to perform, when used in proper dosage. (See Warnings in summary of product information.) Librium may be employed as an adjunct to nonpharmacologic measures—such as reassurance and counseling—when the latter are insufficient to achieve the desired therapeutic response.

In addition to its value as the primary medication in relieving emotional states characterized by disproportionate anxiety, apprehension or emotional tension, Librium

(chlordiazepoxide HCl) is also given concomitantly in organic and functional disorders with certain specific medications of other classes of drugs, such as cardiac glycosides, diuretics and antihypertensives, when anxiety is clinically significant.

Recognized as among the safest of anti-anxiety agents, Librium rarely has to be discontinued because of adverse effects. (See summary of product information.) When clinically significant anxiety has been reduced to appropriate levels, Librium should be discontinued.

THE EFFECTIVENESS OF LIBRIUM (chlordiazepoxide HCl) CAN MAKE AN IMPORTANT THERAPEUTIC DIFFERENCE



FOR MODERATE TO SEVERE
CLINICALLY SIGNIFICANT ANXIETY

LIBRIUM®
(chlordiazepoxide HCl)

5-mg, 10-mg, 25-mg capsules b.i.d./t.i.d./q.i.d.

and phenothiazines. Observe usual precautions
in presence of impaired renal or hepatic func-
tion. Paradoxical reactions (e.g., excitement,
stimulation and acute rage) have been re-
ported in psychiatric patients and hyperactive
aggressive children. Employ usual precautions
in treatment of anxiety states with evidence
of impending depression; suicidal tendencies
may be present and protective measures nec-
essary. Variable effects on blood coagulation
have been reported very rarely in patients

receiving the drug and oral anticoagulants;
causal relationship has not been established
clinically.

Adverse Reactions: Drowsiness, ataxia
and confusion may occur, especially in the
elderly and debilitated. These are reversible
in most instances by proper dosage adjustment,
but are also occasionally observed at the lower
dosage ranges. In a few instances syncope
has been reported. Also encountered are iso-
lated instances of skin eruptions, edema,

minor menstrual irregularities, nausea, and
constipation, extrapyramidal symptoms, in-
creased and decreased libido—all infrequent
and generally controlled with dosage reduc-
tion; changes in EEG patterns (low-voltage
fast activity) may appear during and after
treatment; blood dyscrasias (including agan-
ulocytosis), jaundice and hepatic dysfunction
have been reported occasionally, making peri-
odic blood counts and liver function tests
advisable during protracted therapy.

Supplied: Librium® Capsules contain-
ing 5 mg, 10 mg or 25 mg chlordiazepoxide
HCl. Librium® Tablets containing 5 mg,
10 mg or 25 mg chlordiazepoxide.

Roche Laboratories
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Nutley, N. J. 07110

Wednesday, October 10, 1973

On developments in gastroenterology



The Consultant

DR. HENRY D. JANOWITZ
Clinical Professor of Medicine
Mount Sinai School of Medicine
New York, N.Y.

"I believe it is important
to continue to separate the
disorders of the colon."

What are the most significant developments in recent years in the field of gastroenterology?

1. The isolation, purification, and chemical analysis of the gastrointestinal hormones gastrin, secretin, and cholecystokinin-pancreozymin, and especially the development of the radioimmunoassay method for measuring gastrin. This has been paralleled by the clinical recognition of the gastrin-secreting tumor (usually but not always in the pancreas) of the Zollinger-Ellison syndrome and its treatment by total gastrectomy. Along with the specific identification of these hormones is the awareness of the wide range of their secretory, inhibitory, and motor effects throughout the entire gut and the associated glands of digestion, the liver and pancreas.

2. The development of instrumental techniques to visualize and especially to biopsy the entire gastrointestinal tube has opened up a new era in both diagnosis and therapy. The development of the small-bowel biopsy technique has indeed revolutionized our understanding and management of disorders of malabsorption and malabsorption. Celiac disease and Whipple's disease are now curable—one by the use of the gluten-free diet, the second by the use of antidiarrheals.

The visualization of the main pancreatic ducts by retrograde cannulization through the ampulla of Vater is the most recent and exciting development in this area; its full usefulness remains to be determined.

3. The discovery that several diarrheal diseases (of infectious nature)—cholera, shigellosis, and probably some enteroviruses—turn on a powerful secretory mechanism in the small bowel, with the profuse loss of fluids and electrolytes.

4. Recognition that cholesterol gallstones result from the elaboration by the liver of a "lithogenic" bile, in which the solubilizing properties of bile salts and phospholipid are exceeded by the ratio of cholesterol. This, in turn, has led to the exciting current trial of dissolving gallstones by feeding chenodeoxycholic acid to patients with cholesterol gallstones.

5. The discovery by Blumberg of the Australia antigen and its identification with hepatitis virus B is clearly the outstanding discovery in the field of liver disease and holds forth the prospect of a vaccine against this type of hepatitis.

How can ulcerative colitis and regional granulomatous colitis (Crohn's disease) be differentiated, and is it important to do so?

In the majority of patients these two varieties of inflammatory bowel disease can be separated; perhaps in 15 per cent of patients they cannot. This may simply reflect the fact that there are many other colonic

the GI tract from stomach to anus, spares the rectum, very frequently includes the ileum as well as the colon, has bleeding less often, fistulas into the whole host of neighboring organs, develops marked perianal involvement, is not cured by resection, and is followed by a very high rate of recurrence (30-50 per cent).

I believe it is important to continue to separate the disorders of the colon:

- To extend our knowledge and, hopefully, our thinking. Imagine if we still lumped all "pneumias" together!
- Crohn's disease of the colon has a high rate of recurrence, even after total colectomy (and certainly after partial resection). Recurrence of granulomatous inflammation in an ileostomy is a nasty business. This does not occur after total colectomy for ulcerative colitis.

What are the indications for surgery in a patient with ulcerative colitis?

Certain indications seem to me to be absolute:

- Perforation.
- Toxic megacolon.
- Intractable bleeding (which will require excision of the rectal segment at one sitting).
- Strictureing, which does not allow con-

Next In Consultation
JOHN P. UTZ, M.D., Professor of Medicine, Virginia Commonwealth University.
... will answer questions
• About systemic mycotic disease.

plete visualization (by barium or endoscopy), and biopsy, since the stricture may be mimicked by cancer.

More difficult to evaluate is (1) failure to manage the patient's clinical course with an acceptable level of disability with current medical modalities (antibiotics, steroids, and immunosuppressive therapy).

2. Growth retardation and sexual development at puberty have until recently been considered valid reasons for colectomy in ulcerative colitis. Yet some recent evidence is not totally convincing in this regard. 3. In view of the clearly increased incidence of cancer in long-standing ulcerative colitis, especially in quiescent or healing stages, the desirability of colectomy to prevent cancer remains in dispute. I do not favor colectomy at any fixed arbitrary date of duration. The value of carcinoembryonic antigen measurement does not yet seem helpful. Perhaps repeated colonoscopy with multiple biopsies will prove helpful.

Apresoline... an antihypertensive idea (hydralazine) whose time has come

A flexible approach that helps meet the goals of today's new therapeutic concepts

Early and more vigorous treatment of hypertension.

More adequate control of blood pressure.

Antihypertensive regimens closely molded to individual requirements.

These goals can be met in part with Apresoline, which can be combined, for added control, with other antihypertensives—thiazide and nonthiazide diuretics, and sympathetic-inhibiting agents. The result: greater choice to the physician in constructing an appropriate regimen.

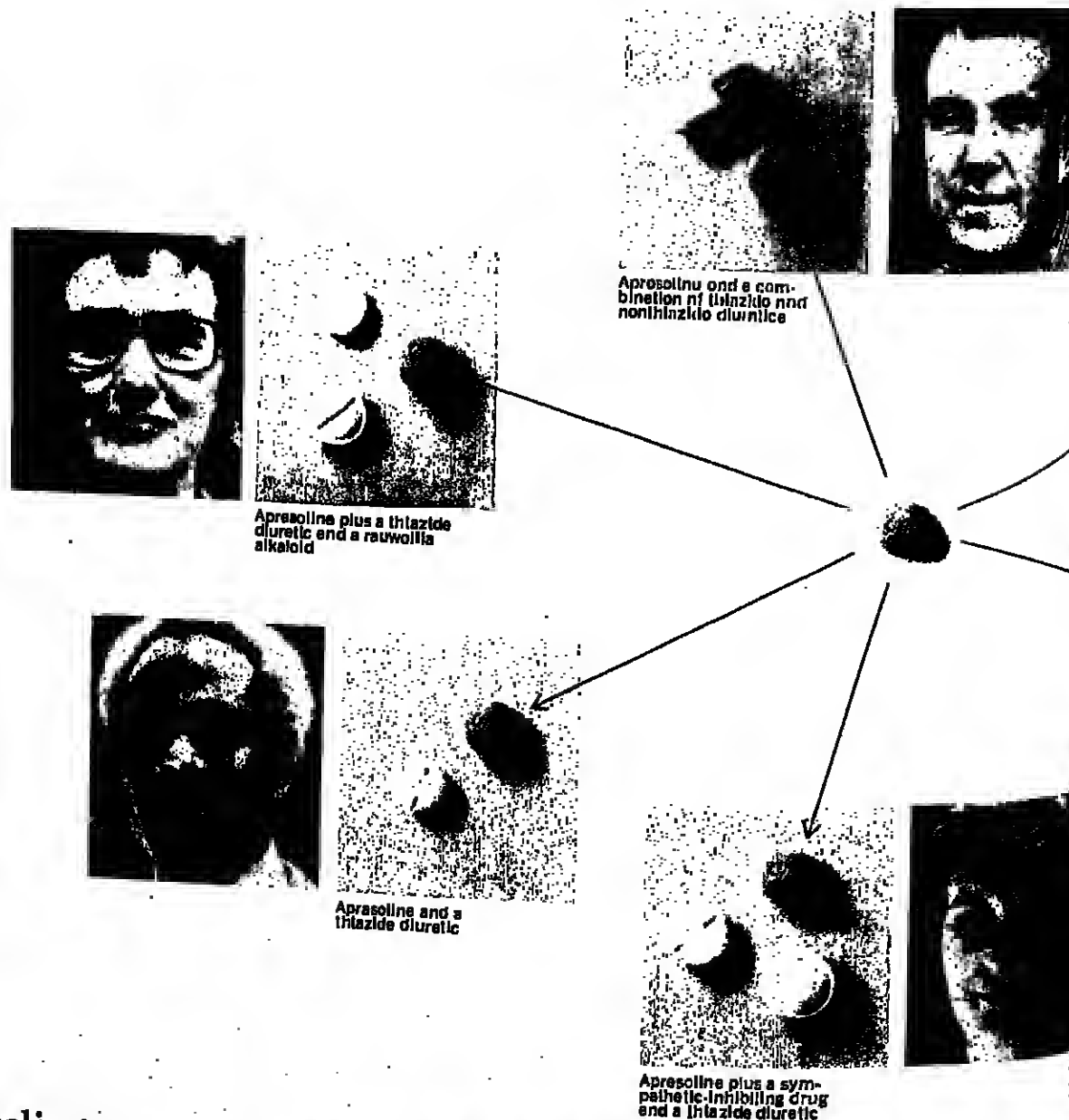
Works like no other oral antihypertensive

Apresoline appears to act directly on the arterioles. By relaxing arteriolar smooth muscle, it decreases peripheral vascular resistance—decreases arterial pressure.

Apresoline also helps to maintain or increase renal and cerebral blood flow.

When Apresoline is added to existing regimens, dosages of each drug are usually lower than when used alone, thus tending to reduce risk of side effects.

Now... Apresoline® (hydralazine)



Apresoline® hydrochloride
(hydralazine hydrochloride)

TABLETS

INDICATIONS

Essential hypertension, alone or as an adjunct.

CONTRAINDICATIONS

Hypersensitivity; coronary artery disease; mitral regurgitation; heart failure.

WARNINGS

Chronic administration of doses over 400 mg per day may produce an antihypertensive syndrome resembling a clinical picture simulating acute systemic lupus erythematosus. In rare instances, this may occur at lower doses. Most of these

reactions are reversible upon withdrawal of therapy, but long-term treatment with aprioids may be necessary. An L.E. cell preparation is indicated in the presence of any unexplained symptoms.

Use MAO inhibitors with caution.

Lactation in Pregnancy.

Although there has been no adverse experience with Apresoline in pregnancy, the drug should be used only when, in the judgment of the physician, it is deemed essential to the welfare of the patient.

PRECAUTIONS

Use cautiously in suspected coronary artery or other cardiovascular diseases, cerebral vascular accidents, and advanced renal damage. Postural

hypotension may occur, and the pressor response to epinephrine may be reduced.

Peripheral neuritis, evidenced by paresthesias, numbness, and tingling, has been observed. Published evidence suggests an antipyridoxine effect and addition of pyridoxine to the regimen if symptoms develop.

Blood dyscrasias, consisting of reduction in hemoglobin and red cell count, leukopenia, agranulocytosis, and purpura, have been reported rarely. If such abnormalities develop, discontinue therapy. Periodic blood counts are advised during prolonged therapy.

ADVERSE REACTIONS

Common: Headache; palpitations; anorexia; nausea; vomiting; diarrhea; tachycardia; anginal

Wednesday, October 10, 1973

MEDICAL TRIBUNE

11



THROUGH YOUNG SURREALISTS in Paris often followed poetic paths in their explorations of *les merveilleux*—the marvelous in life—they were also influenced strongly by science. Even now, Salvador Dali, Surrealism's leading representative, is trying to create a three-dimensional painting style through the use of microscopic geometric structures called *mnire* patterns, originally traced by mathematician Gerald Oster.

The influence of Freud and other probes of the mind are in evidence throughout Dali's work. A clear example is "Leaving the Cornice of Anger," from his renowned *Purgatory* series—now available on a limited basis to entrants in the MEDICAL TRIBUNE Sweepstakes (see page 3).

Dali, André Breton, and other scientific heroes of the Surrealist movement were those who contributed to the destruction of the old linear world view. Einstein was the most attractive of the nonpsychiatric scientists. "His scientific language is

not always understandable," remarked Maurice Nadeau, celebrated historian of Surrealism, "but strange illuminations gleam here and there like an aurora borealis. We have made a mistake, Einstein says in substance. The real world isn't what we thought. The best-founded conceptions apply only to our daily round; out there they're false. False our old conception of space, false the time we've fabricated." So nuttish and such notions seem to Surrealists that reason, all-powerful reason, seemed to stand accused—which delighted them.

If the external world had changed, so had the inner one, and it was the new geography of the mind that especially fascinated the Surrealists. The unknown realm of the unconscious enthralled them as much as they liked to think it frightened the bourgeoisie. Inevitably, they drew their materials of Surrealism from practitioners of psychiatric medicine, notably Charcot, Janet, and Freud. The catalyst was Surrealism's omnipresent founder, Breton, who saw that psychiatry held the key to "recuperation of the original powers of the mind"—the fundamental objective of Surrealism.

Breton had studied medicine at the Sorbonne and was mobilized during World War I to work in a military psychiatric unit. Although he soon quit medicine

for poetry (Mme. Breton's response was, "I would have preferred to hear that he had died on the battlefield"), his insights into psychopathology were keen. Inspired by Charcot's work in hysteria, he hailed it as "the greatest poetical discovery of the end of the 19th century."

Eventually, all forms of madness were accommodated under the Surrealist umbrella: Breton and Paul Eluard once published a series of essays in which they imitated the verbal manifestations of feeble-mindedness, acute mania, general paresis, delusions of interpretations, and dementia praecox. Salvador Dali developed what he called his "paranoiac-critical" method, declaring, "The only difference between me and a madman is that I am not mad."

Janet Was an Influence

In the early 20s, when Surrealism was brewing in Breton's fertile brain, Pierre Janet was one of his strongest influences. Like Freud, Janet used automatic writing as a therapeutic tool; but, unlike Freud, he also saw it as a means of exploring the unconscious mind. He called the ecstatic, incoherent behavior of his patients "fou" and their vision "coactive." Breton transformed these expressions into surrealist concepts. Janet, unlike Freud, went beyond the clinical analysis

New York's New Drug Law



Posters on subways and buses in New York City are publicizing New York State's new drug law, reportedly the toughest in the United States.

of Freud, concluding his case reports with such words as: "All this teaches us that we are richer than we think; we have more ideas and sensations than we thought. Our mind is full of beautiful thoughts of which we have no knowledge, which should console us for all the mediocre thoughts that we recognize so easily."

Freud's influence is a different matter. His concepts unquestionably colored the Surrealist movement, especially his methods of dream exploration. At least two of Freud's papers appeared in French translation for the first time in Surrealist journals. The *First Surrealist Manifesto* was written under the name of Freud, who, the Surrealists felt, had revealed to them the possibility of expanding reality by utilization of the dream.

However, Freud himself was leery of the Surrealists: their interest only puzzled and embarrassed him. Basically, he was scientifically detached from Surrealism's mystical implications for the arts.

Dali's Debt to Freud

Of all the Surrealists, Salvador Dali probably owes the greatest debt to Freud. The images in his paintings directly convey themes of castration and impotence. More important, his so-called paranoiac-critical method draws heavily on Freud as well as Krafft-Ebing and the French psychoanalyst, Jacques Lacan.

The method was originally described in his *The Conquest of the Irrational* (1935), probably the last major document of the Surrealist movement. The paranoiac, according to Dali, is not ruled by the external world like normal people but, rather, dominates it and sees in it what the promptings of his unconscious desire wish him to see. What paranoiac-critical means visually is the hallucinatory power—acquired in a self-induced paranoiac state—to look at any object and "see" another. Thus, in Dali's *The Fallen Angel*, a woman's body is transformed into a chest of drawers, presumably containing erotic secrets postulated by Dali's unconscious desires.

In 1939 a dying Freud told Dali: "It is not the unconscious that I seek in your pictures, but the conscious. While in the pictures of the Masters—Leonardo or Ingres—that which attracts me, that which seems mysterious and troubling to me, is precisely the search for unconscious ideas, of an enigmatic order, hidden in the frame. Your mystery is manifested outright. The picture is but a mechanism to reveal it."

Other psychiatrists have been more appreciative of Surrealist goals, among them Dr. Henri Ellenberger. In *The Discovery of the Unconscious*, he scored his point: "Henry B. contends that both psychopathological art and Surrealist art originate from the same unconscious creative source; however, the Surrealist goes consciously to this source and channels its inspiration, whereas the mental patient is overwhelmed by it. In other words... the Surrealist makes the marvelous, whereas the psychotic artist is marvelous."

rhinitis; loss (frequent) nasal congestion; lacrimation; conjunctivitis; peripheral and lingual edema; dizziness; numbness; tingling; skin rash; pruritus; muscle tremor; psychomotor retardation; muscle weakness; disorientation; or anxiety; hyperreflexia; arthralgia; myalgia; fever; chills; constipation; difficulty in micturition; dysuria; urinary frequency; urinary urgency; urinary incontinence; urinary retention; hematuria; and red cell count, leukopenia, agranulocytosis, and purpura.

Adverse reactions in gradually increasing doses, according to individual response, start

with 10 mg 4 times daily for the first 2 to 4 days, increase to 25 mg 4 times daily for balance of 1st week. For second and subsequent weeks, increase dosage to 50 mg 4 times daily. For maintenance, adjust dosage to lowest effective level.

Although a number of patients respond to large doses of Apresoline alone, the incidence of toxic reactions, particularly the L.E. cell syndrome, is high in this group. The majority of patients have a significant antihypertensive effect if no more than 300 mg Apresoline is used daily and is combined with a thiazide, reserpine, or both.

HOW SUPPLIED

Tablets, 10 mg (pale yellow, dry-coated); bottles of 100 and 500.

Tablets, 25 mg (deep blue, dry-coated); bottles of 100, 500, and 1000.
Tablets, 50 mg (blue, dry-coated); bottles of 100, 500, and 1000.
Tablets, 100 mg (peach, dry-coated); bottles of 100 and 500.

Consult complete literature before prescribing.

CIBA Pharmaceutical Company

Division of CIBA-GEIGY Corporation

Summit, New Jersey 07901

C I B A

Keeping the mild hypertensive in his place

that's "Antihypertenacity" Esidrix has it (hydrochlorothiazide)

Esidrix (hydrochlorothiazide) alone frequently lowers blood pressure satisfactorily. Its action is gradual, smooth. And it keeps on exerting its antihypertensive effect.

We call this gradual, sustained action "antihypertenacity."

Antihypertenacity—it's what you want in the long-term management of mild hypertension.

Esidrix is still unsurpassed as a basic diuretic/antihypertensive. And many patients with edema rarely need a more potent diuretic.

Contraindications include anuria. Use with caution in patients with impaired renal or hepatic function.

Consult complete literature before prescribing.



Esidrix®

(hydrochlorothiazide)

Indications: Hypertension and edema.

Contraindications: Anuria, hypersensitivity to this or other thiazide-derived drugs. The routine use of diuretics in an otherwise healthy pregnant woman with or without mild edema is contraindicated and possibly hazardous.

Warnings: Use with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects of the drug may develop in patients with impaired renal function.

Thiazides should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte imbalance may precipitate hepatic coma.

Thiazides may be additive or potentiative of the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic blocking drugs.

Hypokalemia may develop with thiazides as with diuretics, when severe chloride is present, or during concomitant administration of aldosterone or ACTH.

Interference with adequate oral intake of electrolytes will also contribute to hypokalemia. Digitalis therapy may exaggerate metabolic effects of hypokalemia, especially with reference to myocardial activity.

Any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease). Olfactory hyposmia may occur in edematous patients in hot weather.

When administered in water restriction, thiazides may cause dehydration and electrolyte imbalance. In actual salt depletion, appropriate replacement is the therapy of choice.

Jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

Nursing Mothers: Thiazides cross the placental barrier and appear in cord blood and breast milk.

Precautions: Periodic determination of serum electrolytes to detect possible electrolyte imbalance. Observe patients for clinical signs of fluid or electrolyte imbalance (hypokalemia, hypochloremic alkalosis, and hypokalemia). Hypo-

natremia is particularly important when the patient is receiving parenteral fluids. Medications which may also influence serum

electrolytes: Digitalis glycosides are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, lassitude, disturbance of vision, and gastro-

intestinal disturbances such as nausea or vomiting. Hypokalemia may develop with thiazides as with diuretics, when severe chloride is present, or during concomitant administration of aldosterone or ACTH.

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Transient elevations in plasma calcium may occur in patients receiving thiazides, particularly in those with hyperparathyroidism. Pathological changes in the parathyroid gland have been reported in a few patients on prolonged thiazide therapy.

Hyperuricemia may occur or frank gout may be precipitated in certain patients. Insulin requirement may be increased. Latent diabetes may become manifest during thiazide administration.

Thiazide drugs may increase the responsiveness to tuberculin. Thiazides may decrease the response to tolbutamide. Thiazides may decrease the response to tolbutamide. Thiazides may decrease the response to tolbutamide.

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adverse reactions are moderate or severe, reduce dosage or withdraw therapy.

Dosage: Individualize dosage by titrating for maximum (or minimum) response at the lowest possible dose.

Hypertension (Initial)—Usual dose 75 mg daily. Maintenance—After a week dosage may be adjusted downward to as little as 25 mg or upward to as much as 100 mg daily. Combined therapy—When necessary, other antihypertensive may be added gradually and with caution because of the potentiating effect of the drug. Dosages of ganglionic blockers should be halved.

Edema: (Initial)—25 to 200 mg daily for several days. Maintenance—25 to 100 mg daily or less. Mildly. Refractory patients may require up to 200 mg daily.

Supplied Tablets, 50 mg (yellow, scored) and 25 mg (pink, scored); bottles of 100, 1,000, 5,000 and Accu-pak blister units of 100.

Consult complete literature before prescribing.

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"Hackley's syndrome"? But Dr. Grottmack said it was "Grottmack's syndrome."
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Self-Medication

The Dangerous Exploitation of an Analgesic Antacid

TO ANYONE who has traveled the world—or, for that matter, the United States—who has had a practical exposure to health problems, the need for prescription-free drugs, for safe self-medication, is clear and definitive. This need for self-medication carries with it the requirement for safe and effective, economical, and readily available drugs for simple and uncomplicated disorders. It also carries with it the obligation that those who provide such medications be responsible in their presentation, in proper disclosures and suitable warnings, when the possibility of dangerous diagnoses is involved. The latter responsibility appears to be honored in the breach.

These thoughts come to mind in the wake of a recent attack by a consumer group on FDA's OTC antacid panel and its chairman, Dr. Franz J. Ingelfinger. Unfortunately, the attack was directed, in part, at a physician who has made major contributions to medicine and who undertook the thankless job of heading an FDA antacid panel as one of his *pro bono* public endeavors. For his pains, Dr. Ingelfinger was rewarded by an inaudible charge of netting as "a pawn of big business." The *New England Journal of Medicine* editor rightly noted that there is a widespread need for an effective analgesic, and that an aspirin preparation—in this case, the buffered Alka-Seltzer formulation—is relatively safe for millions of people. He acknowledged gastrointestinal blood loss to be a complication of this form of analgesic therapy and raised the question as to whether "all restrictions, cautions, and contraindications" should appear in the labeling, saying: "I wonder if all those words would fit on the wrapper of a small roll of antacid tablets. Maybe it will have to be put in ultrafine print, like the micro-edition of the Oxford Dictionary, and the consumer will get, packed in

with his favorite antacid tablets, an appropriate magnifying glass."

We believe that his argument against "all restrictions, cautions, and contraindications" in packaging and promotion for over-the-counter preparations for inexperienced laymen falls in the face of existing regulations for promoting prescription drugs to professionals—physicians. A patient who is sensitive to aspirin has the right to know and should be suitably warned that a given preparation does contain aspirin. Reasonable cautions are certainly more valid in the case of the consumer than most of the warnings directed at physicians.

We agree with the conclusion that "the public would not benefit if [this] preparation were presently either removed from the market or sharply restricted in its use." We would also agree that, in addition to labeling changes, "at the very least, these granulating tablets, hurrying figures that interrupt my evening news broadcast should disappear from the TV screen." We would add that the medical responsibility of the makers of medications is not discharged by such exploitative and dangerous analgesic-antacid advertising as "I can't believe I ate the whole thing." As we have previously noted, "acute indigestion" some scores of years ago was certifiable as a cause of death. Today, coronary occlusion remains a differential diagnosis in severe, acute indigestion. No warning about such a hazard and no educational effort are made.

Levity is no substitute for responsibility. The makers of Alka-Seltzer do not stand alone in the exploitation of a public health hazard. The sooner the makers of self-medication recognize the need for proper disclosure and the restriction of their advertising to valid and safe claims, the sooner they will serve the public interest and in so doing their own. A.M.S.

The Erogenous Proboscis

ANY DOG OWNER knows that a hitch in a heat is sensed by all the neighborhood dogs, which congregate and keep vigil throughout the period of estrus. So it is not surprising that G. P. Charlewood (S. Afr. Med. J. 47:596, 1973) has proposed that, in addition to the usual reasons, estrogens be employed in post-menopausal women to enhance their sexual attraction via the sense of smell. He adds that the human male is probably unaware of what "turns him on."

D. K. Quinlan (S. Afr. Med. J. 47:853, 1973) responds with the following: "My thesis to account for the reason that some human males are 'turned on' is that these individuals are born with a superolfactory nerve, and that their function continues well into old age. I have also noticed that elderly males with long beak-like olfactory organs may maintain their profligate libido. I hope this answers Dr. Charlewood's query about what turns the human male on." R.S.G.

Amphetamines and Fatigue Onset

RESEARCH QUOTE: "It can be concluded from the results of this research that, with certain limitations, the ingestion of amphetamine sulfate will not significantly delay the onset of local fatigue in

most cases of muscular work . . . [but] can increase muscular efficiency whether the muscle is in a rested condition or a fatigued condition." (Gerald P. Graham, Ph.D.; see page 27.)

H. sap. and the Car

Your words "An Endangered Species—Homo Sapiens" (MEDICAL TRIBUNE, August 8), "I'm for the bald eagle, for the whooping crane, and the Bengal tiger—but first and foremost, I'm for mother and baby and man," should be repeated thousands of times throughout this rich but impulsive and careless land and emblazoned on every building and lamppost.

Coming from Detroit, we were particularly attracted to your suggestion to limit the number of cars. The number of automobiles per family is growing much more rapidly than the number of children. But we have yet to hear of my Zero Automobile Growth organization. Instead, we hear of human beings described as a cancerous growth and selfishness lauded as a virtue.

PATRICIA NIXON
ROBERT K. NIXON, M.D.
Birmingham, Mich.

Clarification Requested

Please note that the National Medical Association's special pre-convention hypertension workshop, mentioned in the August 15 edition of MEDICAL TRIBUNE, was made possible through a grant from the Merck, Sharp & Dohme Pharmaceutical Company.

ROBERT D. WATKINS
National Medical Association
Washington, D.C.

Disk Surgery Defense

Many a neurosurgeon will take exception to your lead article, "Disk Syndrome: Termed 'Vast Clinical Wasteland'" (August 15).

While Dr. C. Norman Shealy destroys the articular nerves of the facets to relieve disabling back pain, 99 per cent of the neurosurgeons across the country are doing lumbar laminectomies and disk removals with excellent results in 80 per cent to 90 per cent of the cases. While it would be nice to believe that Dr. Shealy's procedure would eliminate the need for surgery, I doubt that his procedure of radiofrequency rhizotomy performed on a "small nerve that is not described in many anatomical texts and has no name" will do the trick either.

The strong language which Dr. Shealy uses is absolutely appalling! For example, he says that there is 40 per cent failure rate in disk surgery, which is at least 20 per cent to 30 per cent too high. He says the false-positive rate in myelography is 30 per cent; it should be 15 per cent.

He said that myelography has the inherent risk of producing arachnoiditis. It has not! He points out that complications of leg weakness occur in 5 per cent to 10 per cent of his operated cases and bladder weakness in an equal number and that

almost 100 per cent are left with total or near sexual impotence. This is absolutely ridiculous! Each week I operate and do lumbar laminectomies and have yet to find a patient complaining of impotence.

Dr. Shealy then goes on to describe fusion as "one of the greatest abominations in American surgery today." I wonder what his neurosurgical and orthopedic colleagues, who weekly do anterior interbody fusions and lumbar posterior fusions, will say to this.

J. DEWITT FOX, M.D., F.A.C.S.
Los Angeles, Calif.

To Dr. Clovis H. Pierce:

I have read an article in MEDICAL TRIBUNE (August 22, page 1) which alleges that you told pregnant welfare patients that you would not deliver their infants if they already had two or more children and refused to be sterilized. The article contains both implied and specific criticism of this policy.

I am writing this letter, first, to assure you that you are perfectly within your rights to pursue such a policy and, secondly, to commend you on your wisdom. If indeed, you do adhere to this practice. Such a practice is conceived in eminent common sense. Its usage is to be highly recommended because of the obvious benefit to the parents, siblings, taxpayers, and society in general.

I express my appreciation to you and wish you much success.

JOHN C. ELLIS, M.D.
Chattanooga, Tenn.

Advice for Dalessio

I thought that the comments made by Donald Dalessio in his "Confessions of a Physician With Hay Fever" (August 27) were most appropriate. As a physician who has gone through the skin-testing, desensitization bit, I certainly share his feelings regarding seasonal allergies. I was intrigued with his comments regarding the use of an antihistamine at bedtime. However, I feel that the effect of steroid nose drops is not prolonged and that the rebound is at least as bad as the prenasal congestion. The judicious administration of 5 to 10 mg. of slow-release oral prednisone every other morning seems to be most effective in periods of very severe symptoms. The fact that this course rarely exceeds a week or two at the very most mitigates against any of the contraindications to the administration of steroid therapy, and in this regard, it was most gratifying to read the additional comments by Dr. Martin Valentine regarding symptomatic treatment of hay fever.

SAMUEL GROSS, M.D.
Associate Professor of Pediatrics
Case Western Reserve University
School of Medicine
Cleveland, Ohio

A Second Hot Line To Moscow Installed —This for Diseases

Medical Tribune Report

WASHINGTON—There are now two hot lines to Moscow. One is designed to prevent thermonuclear war and the other to prevent disease.

As a result of negotiations between HEW Secretary Caspar W. Weinberger and Soviet Minister of Health Boris V. Petrovsky, during Mr. Weinberger's recent visit to the Soviet Union, a Telex communications link has been inaugurated to exchange vital information concerning experimental drugs and discoveries in the areas of cancer, heart disorders, and environmental health. Schizophrenia, influenza, and arthritis data are also expected to be exchanged via the new link.

Dr. Charles C. Edwards, HEW's Assistant Secretary for Health, who accompanied Mr. Weinberger on the trip, stated that the communications system will be of "tremendous benefit" in providing the United States with information about experimental drug testing on human subjects in the Soviet Union. He explained that the Soviet regulations regarding testing on human beings are far less stringent than U.S. rules.

Discussions are now under way to join research efforts in bilateral clinical testing of potentially useful anticancer drugs between the two countries. HEW reports that "five or six experimental cancer drugs have now been traded" between the United States and the Soviet Union for testing purposes.

Also being considered is a proposal to share, via computer terminals, the information assembled by the U.S. National Library of Medicine and the U.S.S.R. Institute of Medical Information.

According to the U.S. authorities, the only other direct communications link between the U.S. Government and the Soviet Union is the hot line in President Nixon's office. Costs of the HEW Telex system are \$10 per month and \$3 per message minute.

Previously, mail communications between the two countries took a total of four weeks' delivery time for a letter to be received and answered.

Unwanted Pregnancy Occurs in One-Third Despite Birth Control

Medical Tribune Report

NEW YORK—Despite a contraceptive revolution that has cut the risk of failure by half over the last decade, more than one-third of U.S. couples who use a birth-control method because they do not want any more children experience a pregnancy within five years—and a "substantially higher" proportion will do so eventually.

In only 12 months, 14 per cent of these couples have an unwanted pregnancy. Among couples who intend to have children at a later date, 26 per cent encounter a birth-control failure within the first year.

These are among the findings reported by Princeton sociologist Norman B. Ryder in *Family Planning Perspectives*, the quarterly journal of Planned Parenthood's Center for Family Planning Program Development. The findings are based on the 1970 National Fertility Study, at which Dr. Ryder was codirector with Charles F. Westoff. That study included interviews with 6,752 married or formerly married women of reproductive age.

The findings, Dr. Ryder commented, reflect "quite small proportions experiencing contraceptive success, considering its importance for the quality of family life and the presumed level of sophistication of the U.S. population."

He attributed nearly 60 per cent of the improvement in prevention of unwanted pregnancies to adoption of oral contraceptives. Only 4-5 per cent of pill and IUD users fail to prevent an unwanted pregnancy over a year's time, he said.

No panacea.
No placebo.
No antidote for
the pressures
of everyday living.

But a drug to
help relieve crippling
anxieties



Tranxene has just one purpose: to offer effective control of symptoms for the patient with clinically manifested anxiety.

- the patient whose anxieties are excessive and "inappropriate" to the circumstances at hand
- the patient with persistent (and often inexplicable) feelings of dread
- the patient who reacts unreasonably to reasonable stresses, to the point of incapacitation
- the patient with a sense of impending death or catastrophe (often seen as a complication of organic illness, such as cardiac disease)
- the patient with the physical symptoms of acute anxiety: sweating, insomnia, extreme nervousness, palpitations

Effectiveness shown in double-blind studies
The clinical investigation of Tranxene took place over four years; treatment periods ranged from

three weeks to six months.

A total of 50 efficacy studies were conducted, under controlled, double-blind conditions. The overall results showed Tranxene to be highly effective in relieving the symptoms of anxiety.

Well tolerated by patients

Tranxene has an excellent record of patient acceptance. In the clinical studies, serious adverse reactions were not seen at the recommended doses. The side effects most commonly reported were drowsiness, light-headedness and gastrointestinal complaints.

Minimal cardiovascular effects

In the clinical studies, the only effect seen on blood pressure was the lowering of slightly elevated systolic blood pressure in some patients. There were no reports of bradycardia and, in the two studies where electrocardiographic effects were studied, no evidence of drug-induced alterations in ECGs.

Where anxiety symptoms must be controlled, Tranxene can be a valuable —and prudent—aid in management.



In three dosage strengths: 3.75 mg. 7.5 mg. 15 mg.

Dosage and Administration: Orally, in divided doses; usually daily dose is 30 mg. Dose should be adjusted gradually within range of 15 to 60 mg. daily. In elderly or debilitated patients, it is advisable to initiate therapy at a daily dose of 7.5 mg. to 15 mg.

DESCRIPTION: Chemically, TRANXENE (clobazepam dipotassium) is a benzodiazepine. The empirical formula is $C_{15}H_{12}ClN_2O_4$; the molecular weight is 402.93. The compound occurs as a fine, light yellow, practically odorless powder. It is insoluble in water. Aqueous solutions are unstable, clear, light yellow, and alkaline.

ACTIONS: Pharmacologically, TRANXENE (clobazepam dipotassium) has the characteristics of the benzodiazepines. It has depressant effects on the central nervous system. The primary metabolite, nortranxene, reaches peak level in the blood stream at approximately 1 hour. The plasma half-life is about 1 day. The drug is metabolized in the liver and excreted primarily in the urine. (See ANIMAL AND CLINICAL PHARMACOLOGY section.)

INDICATIONS: TRANXENE is indicated for the symptomatic relief of anxiety associated with anxiety neurosis, in either psychomotoric or in anxiety symptoms are prominent features, and as an adjunct in disease states in which anxiety is manifested.

CONTRAINDICATIONS: TRANXENE (clobazepam dipotassium) is contraindicated in patients with a

known hypersensitivity to the drug, and in those with acute narrow angle glaucoma.

WARNINGS: TRANXENE is not recommended for use in depressive anorexia or in psychotic reactions.

Patients on TRANXENE should be cautioned against engaging in hazardous occupations requiring mental alertness, such as operating dangerous machinery including motor vehicles.

Since TRANXENE has a central nervous system depressant effect, patients should be advised against the simultaneous use of other CNS-depressant drugs, and cautioned that the effects of alcohol may be increased.

Because of the lack of sufficient clinical experience, TRANXENE (clobazepam dipotassium) is not recommended for use in patients less than 18 years of age. Physical and Psychological Dependence: Withdrawal symptoms (similar to those noted with barbiturates and alcohol) have occurred following abrupt discontinuance of clobazepam. Symptoms of nervousness, insomnia, irritability, diarrhea, muscle aches and memory impairment have followed abrupt withdrawal after long-term use of high dosage.

Caution should be observed in patients who are considered to have a psychological potential for drug dependence.

Evidence of drug dependence has been observed in dogs and rabbits which was characterized by convulsive seizures when the drug was abruptly withdrawn or the dose was reduced; the syndrome in dogs could be abolished by administration of clobazepam.

Usage in Pregnancy: Reproduction studies have been performed in rats and rabbits and there was no evidence of harm to the animal fetus. The relevance to the human is not known. Since there is no experience in pregnant women who have received this drug, safety in pregnancy has not been established.

It is assumed that TRANXENE or its metabolites is excreted in human milk. Therefore, this drug should not be given to nursing mothers.

PRECAUTIONS: In those patients in which a degree of depression accompanies the anxiety, suicidal tendencies may be present and protective measures may be required. The least amount of drug that is feasible should be available to the patient.

Patients on TRANXENE for prolonged periods should have blood counts and liver function tests periodically. The usual precautions in treating patients with impaired renal or hepatic function should be observed.

In elderly or debilitated patients, the initial dose should be small, and increments should be made gradually, in accordance with the response of the patient, to preclude ataxia or excessive sedation.

ADVERSE REACTIONS: This side effect most frequently reported was drowsiness. Less commonly reported (in descending order of occurrence) were: dizziness, various gastrointestinal complaints, nervousness, blurred vision, dry mouth, headache, and general confusion. Other side effects included insomnia, tremor,

slight ataxia, fatigue, ataxia, genito-urinary complaints, irritability, diplopia, depression and slurred speech.

There have been reports of abnormal liver and kidney function tests and of decrease in hematocrit.

Decrease in systolic blood pressure has been observed.

DOSEAGE AND ADMINISTRATION: TRANXENE (clobazepam dipotassium) is administered orally in divided doses. The usual daily dose is 30 mg. The dose should be adjusted gradually within the range of 15 to 60 mg. daily in accordance with the response of the patient.

ANIMAL AND CLINICAL PHARMACOLOGY: Studies in rats and monkeys have shown a substantial difference in the pharmacology of the drug in the two species. In rats, conditioned avoidance response was inhibited at an oral dose of 10 mg/kg; sedation was induced at 32 mg/kg; the LD₅₀ was 1320 mg/kg. In monkeys aggressive behavior was reduced at the oral dose of 0.25 mg/kg; sedation (ataxia) was induced at 7.5 mg/kg; the LD₅₀ could not be determined because of the anesthetic effect of large doses, but the LD₅₀ exceeds 1600 mg/kg.

Twenty-four dogs were given TRANXENE orally in a 22-month toxicity study; doses up to 75 mg/kg were given. Organ-related changes occurred in the liver; weight was increased and cholesterol with minimal hepatocellular damage was found, but lobular architecture remained well preserved.

Eighteen rhesus monkeys were given oral doses of TRANXENE from 3 to 36 mg/kg daily for 52 weeks. All treated animals remained similar to control animals. Although total leucocyte count remained within normal limits it tended to fall in the female animals on the highest doses.

MANAGEMENT OF OVERDOSEAGE: As in the management of overdose with any drug, it should be borne in mind that multiple agents may have been

taken.

If vomiting has not occurred spontaneously, it should be induced. Immediate gastric lavage is also recommended. General supportive care, including frequent monitoring of the vital signs and close observation of the patient, is indicated. Hypotension, though unlikely, may be controlled with Levophol (levorphanol) or Aramprone (mefenorex). Calcium and Sodium Bicarbonate injection, U.S.P. may be used to counteract central nervous system depressant effects.

There has been reported a 41-year-old woman who took 25 capsules (187.5 mg) of TRANXENE. Severe diarrhea and vomiting occurred, but she made an uneventful recovery without being hospitalized.

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taken.

Examination of all organs revealed no alterations attributable to TRANXENE. There was no damage to liver function or structure.

REPRODUCTION STUDIES: Standard studies of fertility, teratology and reproduction were conducted on rats and rabbits. Oral doses in rats up to 150 mg/kg and in rabbits up to 15 mg/kg produced no abnormalities in the fetuses and no impairment to fertility and reproductive capacity of adult animals attributable to TRANXENE (clobazepam dipotassium). As expected, the sedative effect of high doses interfered with care of the young by their mothers (see Use in Pregnancy).

CLINICAL PHARMACOLOGY: Studies in healthy men have shown that TRANXENE has depressant effects on the central nervous system. Prolonged administration of high doses (120 mg daily as a single oral dose) was without toxic effects, and abrupt cessation of drug was not followed by serious signs or symptoms.

ABSORPTION—EXCRETION: After oral administration of TRANXENE (clobazepam dipotassium), there is essentially no circulating parent drug. Nortranxene, the primary metabolite, quickly appears in the blood stream with peak levels at about 1 hour. The plasma half-life is approximately 1 day. In 2 volunteers given 15 mg (30 µg) of 15C-TRANXENE, about 80% was recovered in the urine and feces within 10 days. Excretion was primarily in the urine with about 1% excreted per day as day 10.

HOW SUPPLIED: TRANXENE (clobazepam dipotassium) is supplied as capsules in three dosage strengths: 3.75 mg. capsules (gray with white cap) in bottles of 100 (NDC 074-3417-13) and 500 (NDC 074-3417-53); 7.5 mg. capsules (gray with maroon cap) in bottles of 100 (NDC 074-3418-13) and 500 (NDC 074-3418-53); 15 mg. capsules (all gray) in bottles of 100 (NDC 074-3419-13) and 500 (NDC 074-3419-53).

Continued from page 6

education is required. At the present time, it is set for three years, and it may be prolonged. In order to teach so many students at one time, most of the teaching is done by video assistance, especially in anatomy and pathology, using drawing, pictures, etc. After graduation, if one is interested in a special field—for instance, chest disease or chest surgery—he or she will be assigned to dissect the chest organs and learn more pathology of the chest diseases by examining gross specimens and microscopic slides. However, almost all of the graduates will be sent to serve the mass of people in every corner of China according to the needs, like general practitioners of this country. They stay in the district hospital or commune medical center. After a certain length of time, usually two to three years, they will be selected and recalled to the medical school for further training in specialized fields.

After visiting two medical schools and three hospitals, one for postgraduate training, my impressions of medicine in today's China, especially in the field of medicine and pathology, are as follows:

Lacking in Automation

There is practically no automation. They are doing all the hematology and common blood chemistry tests by manual methods. They do have spectrophotometers made in China, although few in number. There is no monitor system, coronary care, or intensive care unit, although seriously ill patients are constantly attended by nurses aides in a private room. An auto-processing machine for tissues is available in Capital Hospital only.

They are very rarely doing the sophisticated tests, such as electrophoresis of lipoprotein, high ar isoenzymes, radioimmunoassay, and others. ECG machines made in China are available in all the institutions I have visited, and the tracings are quite good. Renal scanning is performed only in the Capital Hospital, which is for post-graduate training. Frozen sections are still being done by the old-fashioned carbon dioxide machines, except in Capital Hospital, where a cryostat machine is used.

Most of the microscopes are of monocular type, and some of them are quite old but in good condition. Chung Shan Medical School and Capital Hospital (formerly Peking Union Medical School) have good tissue museums, especially the former. However, the color of the specimens in Chung Shan Medical School has faded, and I was told that this was due to the shortage of chemicals shortly after 1949.

In the field of internal medicine, much attention and effort have been given to the elimination of the infectious and parasitic diseases and to treatment of diseases by traditional Chinese herb medicines and acupuncture. Kala Azar used to be a very prevalent disease in northern China, including Peking city, but now it has been completely eliminated. The reasons given are disappearance of the transmission agent, the sandflies and animal reservoirs, and the early admission and treatment of the infected individuals. This is also true of typhoid fever and other infectious and parasitic diseases.

In conclusion: In a span of 24 years, China under the present regime has succeeded completely or partially in:

• Delivery of medical services to the mass of people by distributing medical and paramedical personnel in rural as well as in urban areas.

• Elimination of infectious and parasitic diseases.

• Training medical and paramedical personnel in meeting the delivery of medical services to the mass of people.

However, they are (1) deficient in automation both in diagnosis and treatment of diseases and (2) deficient in the more refined and sophisticated instruments and methods in both diagnosis and treatment, which to them for the time being is the least important in the delivery of medical services.

MEDICAL TRIBUNE has it first

Medical Tribune

and Medical News

Wednesday, September 5, 1973

and its practice—fast, accurate, complete

New Cooper Procedure

Stimulator Over Cerebellum Controls Intractable Epilepsy

burns body.

pg. 3.

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World Service
D.—The 14 to 21 in- exposure to rabies four if a new rabies tested becomes avail- ed within two years. World Health Organi- zation center labora- as produced, the vac- to be effective in man- in France, the United American countries. us vaccine produced id cells. One dose ad- als has protected them- to the rabies virus. In e immunized with tho- e has been sufficient to ters to a level equal to 21 injections of the cur- embryo vaccine (DEV) or the 14 injections of a chitserum is not used. A. Plotkin, of the Wistar elphia, who has been test- e produced from human
Continued on page 29

Reduced Vitamin C

be older... had... days... decrease in symptomatic days. No study found that total days from respiratory episodes younger children were also re- in the vitamin C



The x-ray shows the position of the electrodes placed in the surface of the cerebellum.

Medical Tribune Report

NEW YORK—A 24-year-old man who was struck in the head by a car was hospitalized for violent seizures that could not be controlled medically in today's quietest work- ing hospital here.

Dr. Cooper, director of the department of neurologic surgery at St. Barnabas and Research Professor of Neuroanatomy at New York Medical College, developed the pacemaker with Roger Avery, of Avery Laboratories. Thirty-two have been implanted, seven with intract-

able, or even walk and talk, though his speech was inappropiate. He would regain consciousness after 30-45 seconds. Full-blown attacks occurred from one to three times a day, he would feel a sudden loss of consciousness, and he would lose control of his body. He was hospitalized for a day and a half, and he was discharged on September 1, 1973.

After an electrode was implanted over the surface of the cerebellum, he was told to keep the electrode at 10 volts, 10 Hz, and he was discharged on September 1, 1973.

Pacemaker for the Brain

When he was 16, W.A. was struck on the side of the head by a baseball, from which he began to suffer frequent and disabling epileptic seizures. As often as five times a day, he would feel a sudden loss of consciousness, and he would lose control of his body. He was hospitalized for a day and a half, and he was discharged on September 1, 1973.



stimulation aids victims hypertonion, epilepsy

THE NEW YORK TIMES, SATURDAY, SEPTEMBER 22, 1973

Pacemaker' Is Helping Some With H

The surgeon's latest innovation is a kind of brain "pacemaker" that, by delivering electrical impulses to the brain, can in some cases stop the seizures of untreated epileptics, relieve the spasms of victims of cerebral palsy, and in the last case, help the victims of stroke victims.



How Dr. Strangeface Learned to Stop Drooling

Continued from page 1
shadows compensate substantially for lack of stereovision. However, one must allow extra intervals for passing and for poles protruding from the rear ends of trucks. In tight traffic situations, to compensate for loss of wide angle vision, I had to oscillate my head like a lawn sprinkler to obtain the full view. The eye patch was indispensable at night on two-lane highways, since oncoming headlights would otherwise unerringly scar into the unblinking eye.

While driving, I found that various homey and hackneyed expressions took on new meaning, such as the well-intentioned widely back-seat comment, "Keep your eye open for side traffic." I hummed the new significance of "In the land of the blind, the one-eyed man is King," and, paraphrased from Mother Goose, "There was a crooked man, he wore a crooked smile."

Once home, I was greeted by the children with "Eek, Diddy, that flesh-colored patch makes you look like you have no left eye at all! You should sketch a closed eye on top of the patch so that you won't scare people."

I phoned my ophthalmologist, who assured me that the cycloprol and patch would be adequate to protect my cornea. I would not need my upper lid sewn shut like some headhunter's unfinished shrunken trophy. He also informed me that any corneal ulceration would be preceded by a warning bluish of red under the iris.

Lost 7 Pounds In Week

My physiatrist prescribed prednisone and hydrochlorothiazide, along with home electrical stimulation of the left side of the face. I lost 7 pounds in a week from the diuretics. This compensated, weight-wise, for my gluttonous vacation dining, but it literally made me feel all washed out, despite intake of gallons of orange juice to replace potassium.

The many little muscular abilities that one takes for granted became frustratingly absent. I could not rinse out my mouth after brushing my teeth without drooling. I could not blow the whiskers out of my electric razor or inflate a child's beach toy. I could no longer play my clarinet or tenor recorder. My virtuoso whistling range of three and a half octaves (of which I am unduly proud, but which drives my family and neighbors nuts) was out of commission. I could no longer loft a spent wad of chewing gum 20 feet into a Forest Preserve trash container. Drinking from a bottle or sucking from a straw was impossible unless I pinched the left side of my mouth together with thumb and three fingers. Food stuck inside my left cheek.

It was now Monday and, with a wry face and with face awry, I had to face up to my patients. I taped a conventional gauze pad over the flesh-colored stick-on so as to avoid the appearance of left ocular agenesis. This served to divert their attention to the eye and away from the rest of the face. Most of them inquired no further concerning "what happened to your eye?" when I replied, "I forgot to duck." One was, however, quipped, "Is that your private eye?"

The more observing patients asked, "What happened to your mouth?" and, when I tried to assure them that it was nothing but a temporary weakness of the left facial muscles, their expressions told me that I should return immediately to work.

Then there were the difficulties with

distinct dietitian. One girl in the typing pool asked if I had broken into the schnapps over the weekend.

To minimize the lopsided-hamster look while dining in public, I found that I had to take an extra paper napkin, one for the lap and one for the face. By chewing on the well side, tilting the head to that side, and pushing on the paralyzed cheek, I could usually empty the buccal pouch from without. Occasionally it was still necessary to hide behind the second napkin and use a forefinger internally. Drinking was best accomplished by using only a firm cup or glass (avoiding bottles, straws, or paper cups) and pressing this firm vessel somewhat diagonally against the paralyzed lower lip and making counterpressure with the unaffected left masseter muscle. Occasionally it was still necessary to press the forefinger to the lower lip to make a watertight seal.

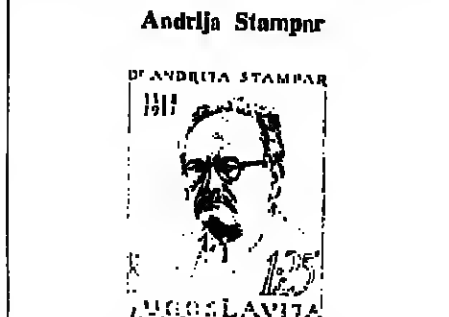
I bought an electric stimulator, which reminded me of a cross between a cattle prod and the slave-subduing "stun" featured in Gene Roddenberry's TV sci-fi presentation, *Genesis II*. It was indeed a weird sensation to feel the nettle sting of the electrode at each of 12 facial motor points, accompanied by twitching of the

paralyzed muscles and flashes of light as the 67 volts of direct current spilled over to the optic nerves. I was to stimulate each of the 12 areas 10 times, repeat this four more times in cyclical fashion, and repeat the whole treatment three times daily to preserve tone in the left facial muscles. Perhaps the oddest sensation was that of producing winking of the left eye by electrical stimulation. I could see myself as the star of some grade-Z horror flick, perhaps entitled *I Was a Polished Monster*, running around after nubile females, frantically winking at them by activating an electrode protruding from my left outer canthus.

Now Comes Good News

Above is the bad news. Now comes the good news: On the 13th day after onset, I noticed a slight twitch of spontaneous function. Gradually I could eat and drink more presentably, and the lowest nine notes of my whistling range returned. Granted, one should adjust to Bell's palsy and even old age gracefully, but I never thought the day would come when I would rejoice to see the return of crow's feet around my eyes and wrinkles in my forehead! Really!

Andrija Stampar



Andrija Stampar (1888-1958) was born and educated in Yugoslavia. During his career he was especially interested in health and social medicine and wrote extensively on those subjects. He was rector of Zagreb University, first vice-president of the Economic and Social Council of the U.N., and in 1948 the first president of the World Health Organization of the U.N. The Peoples' Health School in Zagreb today bears his name.

Yugoslavia issued the stamp honoring Dr. Stampar in 1970.
Text: Dr. Joseph Kler
Stamp: Minkus Publications, Inc., New York



by tension headache

Let Fiorinal help release the patient from the aching, pressing, painfully tight feeling of tension headache. Its analgesic components help relieve pain while its sedative component helps relax the patient.

ANALGESIC plus SEDATIVE

Fiorinal

Each tablet or capsule contains: Sandoptal® (butalbital) (Warning: May be habit forming) 50 mg.; caffeine, U.S.P., 40 mg.; aspirin, U.S.P., 200 mg.; phenacetin, U.S.P., 130 mg.

Fiorinal®
Contraindications: Hypersensitivity to any of the components.
Precautions: Due to presence of a barbiturate, may be habit forming. Excessive or prolonged use should be avoided.
Side Effects: In rare instances, drowsiness, nausea, constipation, dizziness, and skin rash may occur.
Adult Dosage: One to two tablets or capsules, repeated if necessary up to 6 per day, or as directed by physician. Before prescribing, see package insert for full product information.

SANDOZ PHARMACEUTICALS
EAST HAVEN, N.J.



Family Physicians Gain

KANSAS CITY, Mo.—A total of 413 family physicians have graduated from approved family practice residency programs, according to a survey conducted by the Education Division of the American Academy of Family Physicians. Family practice residencies in training programs totaled 1,771, an increase of 756 over 1972.

California MD Improves Wine By Giving Vines IV Feedings

Medical Tribune Report

... brief summaries of editorials or guest editorials in current medical journals.

Police, Researchers, MDs

"It was most heartening to read a recent report in the daily press of a survey of the California public's confidence in many of society's basic institutions and to note that the level of confidence of the California public in the medical profession is very high, exceeded only by research scientists, and interestingly enough, the local police department. The report indicated substantially less public confidence in such other basic institutions as the Supreme Court, Congress, the news media, colleges, churches, the public school system, organized labor or the State Legislature.

"... The evident and apparently growing trust and confidence of the California public in the medical profession of this State as one of society's basic institutions place a great responsibility not only upon individual physicians but upon the California Medical Association as the primary organizational instrument of California's physicians. It would seem that now may be the time to begin to develop further the concept and the role of the organized medical profession as 'physician to society.'" Malcolm Watts, M.D., editorial. (Cali. Med. 119:71, August, 1973.)

Retiring Physician

"What should the senior doctor be doing as his years advance? It is the belief of this writer that he should be enthusiastically planning for a second career."

"The man in medicine, however, is different from the man in business and industry, for few have to completely retire if they wish to continue in some capacity. There is always medical work for a physician to do. As the writer views the situation of the older physicians, they fall into the following four categories:

"1. Those who have always had leadings to do other things in addition to medicine and cannot wait to stop and get out, and particularly those with well-developed avocations and hobbies. Perhaps for these, retirement should be between 60 and 65.

"2. Those who have always planned to travel and write but have over had the proper amount of time to spend because of the demands of work and practice, and also perhaps teaching. These should not wait too long to retire. Perhaps 65 to 70 is an appropriate age.

"3. Those who have always enjoyed practice and have accumulated an estate sufficient for an adequate retirement income but definitely still are thinking only of today and not of tomorrow. These are the ones who are going to have to be reminded that they will not live forever and start thinking about retirement.

"4. Those who have so many financial obligations they must continue to work for ends to meet. This is a very unfortunate group, who have a difficult problem to solve. These are the ones who may 'die in harness.'" Alfred R. Sbrods, Jr., M.D., editorial. (Delaware Med. J. 45:237, August, 1973.)

Challenge to Acupuncture

We must now take a firm, scientific stand. Either acupuncture must be subjected to the closest, objective, and carefully controlled study, or we do not want to hear about it again. If, as it is alleged, near miraculous anesthetic results have been achieved in surgery, as in intricate thoracic operations, we must insist that a team of trained medical observers investigate the matter under the strictest scientific conditions...

Timid little sorters in the medical press elude to defend or to denigrate acupuncture have had their day. We now demand cold, logical, incontrovertible facts, nothing less. Editorial. (S. Afr. Med. J. 47: 1367, August 11, 1973.)

PASO ROBLES, CALIF.—"Intravenous feeding" of iron, zinc, and magnesium may have helped Dr. Stanley Hoffman and his Hoffman's Mountain Winery turn out his first "truly good" Pinot Noir last year, and he hopes to do even better in the future.

Dr. Hoffman, a Los Angeles internist and cardiologist for 23 years, recently gave up his big-city practice and is now a part-time grape grower and physician. He had previously been the largely absentee owner of 1,200 acres in the rolling hills west of here, about midway between Los Angeles and San Francisco.

He spends his mornings on the ranch tending the 28,000 vines that produce the grapes for his fledgling Hoffman's Mountain Winery. When his vines have not been doing well and available expertise has not been able to determine the cause of their failure to thrive, Dr. Hoffman administers the trace metals along with anything else that might be used in a hydroponic solution, and, he says, it works.

Before his move here last January, Dr. Hoffman was on the clinical faculty at the UCLA Medical School, was chief of

medicine at Daniel Freeman Hospital, and was a staff member at several other hospitals. In addition, he recalls, he took full advantage of the cultural life of the city.

Although he spends considerable time at viticulture and enology, Dr. Hoffman still practices as the area's sole cardiologist, and one of 15 physicians, serving a population of about 20,000. His move from Los Angeles, after a subhospital at London's Hammersmith Hospital, was made because he felt the ranch and winery needed closer supervision than he could provide from Los Angeles.

But the move was not without misgivings because he did not want to give up medicine. He now practices an entirely different kind of medicine, he says, but his specialty is a valuable addition to the community, and "I can still practice quality medicine without compromising my standards."

Viticulture and enology are a new challenge, he said. But "it's a challenge a lot like medicine because there is always something new and always something different. You can never learn it all."

Dr. Hoffman acquired the ranch in



1960, but his transition to rancher-physician has been gradual. He first planted almonds and walnuts, good crops in this area, and then, in 1965, decided to try wine grapes. The area here is hilly and the soil is rocky, quite similar to the French wine area of Burgundy, he explained.

"Dr. Hoffman now has 70 acres planted with five varieties—Pinot Noir, Pinot Chardonnay, Cabernet Sauvignon, Chardonnay, and Syrah."

pHisoHex Guidelines

contains a colloidal dispersion of hexachlorophene 1% in a stable emulsion consisting of sodium octylphenoxypolyoxyethyl ether sulfonate 50%, petrolatum 7%, lauridin cholesterol 0.7%, methylcellulose 0.7%, polyethylene glycol monostearate, lauryl myristyl diethanolamide, sodium benzoate, and water. pH (5.0 to 6.0) is adjusted with hydrochloric acid. All ingredients w/w.



pHisoHex® is a bacteriostatic skin cleanser containing a colloidal dispersion of hexachlorophene 1% in a stable emulsion consisting of sodium octylphenoxypolyoxyethyl ether sulfonate 50%, petrolatum 7%, lauridin cholesterol 0.7%, methylcellulose 0.7%, polyethylene glycol monostearate, lauryl myristyl diethanolamide, sodium benzoate, and water. pH (5.0 to 6.0) is adjusted with hydrochloric acid. All ingredients w/w.

Warning: This product is for use only as directed. It should not be used on persons with known hypersensitivity to any of the components. It should not be used on persons who have demonstrated primary light sensitivity to halogenated phenol derivatives.

because of the possibility of cross-sensitivity to hexachlorophene. Wash thoroughly after use. These cases include misuse of hexachlorophene on burned skin or exposure to a powder accidentally containing approximately 6.5% hexachlorophene. These cases resulted in severe allergic reactions following repeated topical application of 1% hexachlorophene.

Statutes to Guard Confidentiality Advised

By NEIL L. CHAYET

Member of the Bar, Massachusetts and District of Columbia

LET US ASSUME that the police officer who appeared in your office last week (MEDICAL TRIBUNE, October 3) asking questions about your patient's criminal behavior has now succeeded in having a subpoena issued, requesting your presence in court to respond to these questions.

Much confusion abounds over the terms "privileged communication" and "confidentiality," and any discussion of the safeguarding of patient information must begin with a clarification of these terms. Privileged communication refers only to a court, legislative, or administrative proceeding, where you have been issued a subpoena or been formally summoned to appear. Once you appear, you may then be asked questions under oath, the answers to which call for disclosure of confidential information about your patient. You should refuse to answer unless the patient has given his consent to the disclosure. You then may be ordered to answer, unless your state is one of those which by law grants the physician the privilege of remaining silent. Some states, such as Massachusetts, grant the privileged relationship only to the "psy-

chiatrist-patient" relationship, defining psychotherapist as a licensed physician who devotes most of his time to the practice of psychiatry.

You should resist all efforts to compromise the physician-patient relationship. If you are ordered to answer and there is no statute allowing you to be silent, I suppose you would then have to answer or face jail for contempt—an alternative which understandably may diminish the importance of physician-patient relationship. You should never give up without a fight, and should initially refuse to answer the questions on the basis of the confidential relationship, until you are informed by the court that there is no such protective statute.

One recalls a classic case of the breach of the physician-patient relationship. A

number of years ago, a psychiatrist treated Bernot Mitchell, who had worked for a Russian security agency and who had defected to the Soviet Union. On the day following the defection, Mitchell's psychiatrist appeared before a secret session of the House Un-American Activities Committee and testified about intimate details of Mitchell's life, including marital problems, homosexual habits, and atheistic beliefs. The psychiatrist had been assured that the doctor's testimony would never see the light of day. However, true to form for the Washington scene, the entire transcript of his "secret" testimony appeared on the front page of the Washington Post. There followed a marked drop in patient visits to psychotherapists in the Washington, D.C., area and a sudden lack of candor on the part of those who continued their visits.

Breach of Ethics Inquiry

The case was referred for a breach of ethics inquiry to the Medical and Surgical Faculty of the state of Maryland; the reply from the Medical Society read as follows:

"It is the considered opinion of the committee that the doctor did not violate

the law of Maryland, and that the interests of the nation transcend those of the individual."

It seems to me that we must view the physician as an extension of the individual himself, since we cannot summon a person to the witness stand and force him to incriminate himself, similarly we should not be able to gain access to information about him through his physician.

The best protection is, of course, the passage of statutes which protect all physicians and their patients. It is interesting to note that the attorney-client relationship is protected in every state without statute and is inviolable, although one wonders what is happening to it in the face of the Watergate hearings.

In the absence of a statute which protects the physician-patient relationship, professionals are forced to perform all sorts of gyrations to avoid breaching the relationship. I remember one case in which I represented a woman whose husband sought to divorce her. The only evidence of her adultery could come from her psychiatrist, to whom she had described each escapade in detail. Over my protestations, the husband's attorney proposed to call the psychiatrist to the stand. I inquired of the wife whether she had told her psychiatrist anything about her husband's habits which might prove embarrassing to him. When I discovered that she had gone into great detail about matters which might prove embarrassing to this rather prominent public figure, I indicated to the husband's attorney what might come out on my cross-examination. The psychiatrist was never called to the witness stand.

Some doctors make it a point to keep two sets of notes, a device which is often futile in the face of the statute attorney's inevitable question, "Is this your only set of notes, doctor?" Other doctors have told me that they would commit perjury to keep from disclosing confidential information.

Answer Lies In Statutes

The answer to this problem lies in appropriate state statutes that would safeguard the confidentiality of the physician-patient relationship. Such statutes are not easily enacted, however, largely due to the opposition of the bar association and the judiciary, groups which place a higher premium upon the receipt of information than upon the physician-patient relationship. The history of the recently passed Massachusetts law is a case in point. When initially drafted, it was designed to apply to all physicians and, in fact, to all persons to whom an individual might go to seek help with a problem; such person might be a psychiatrist or a psychologist, marriage counselor or social worker. The more restrictive definition, which included only a licensed physician who devoted a substantial portion of his practice to psychiatry, came about when someone pointed out that a bartender or even a fellow member of Gamblers Anonymous might be able to remain silent under the broad functional language of the bill.

The exceptions to the privilege contained in the bill are indicative of the weighing process which is at the heart of this entire subject. The patient cannot compel silence if the psychotherapist feels that the patient is in need of commitment because he is dangerous to himself or others, if the psychotherapist has examined the patient as a result of a court order, in a proceeding where the patient introduces his mental condition as an element of a claim or defense, in a child custody case where the psychiatrist determines that the mental condition of the patient would seriously impair his ability to provide suitable custody, or in any suit for malpractice brought by the patient against the psychotherapist.

Laws forcing the breach of the confidential relationship between you and your patient are becoming more and more frequent, and those which provide privilege are scarce and more restrictive. Let us remember that, over the long term, society is far better off if disturbed individuals can seek help in privacy for a drug or venereal disease, problem or for anything that brings them to you.

to give you confidence in its use and to prevent misuse

Use
as a surgical scrub.

Use
as a bacteriostatic skin cleanser against staphylococci and other gram-positive organisms.

Use
at home as a hand cleanser for those who tend the bedridden patient or handle infants.

Use
for washing to control outbreaks of gram-positive infection in the nursery when good hospital practice has been inadequate as a total program of infection control. Use only as long as necessary for infection control.

Rinse thoroughly after use.

Do not use
on burned or denuded skin or as an occlusive dressing, wet pack, or lotion.

Do not use
as routine, prophylactic body wash.

Do not use
as a vaginal pack or tampon, or on any mucous membranes.

is reversible.

In a small number of reported cases, fatal toxications from hexachlorophene have occurred. These cases include misuse of hexachlorophene on burned skin or exposure to a powder accidentally containing approximately 6.5% hexachlorophene. These cases resulted in severe allergic reactions following repeated topical application of 1% hexachlorophene.

Use of pHisoHex is intended for external use only. It should not be used on infants and children. pHisoHex should not be poured into measuring cups, medicine bottles, or similar containers where it may be mistaken for baby formula.

or other medications.

Precautions: pHisoHex soda that get into the eyes accidentally during washing should be rinsed out promptly and thoroughly. Adverse Reactions: Dermatitis and phototoxicity in hexachlorophene is rare; however, persons who have developed phototoxicity to similar compounds also may become sensitive to hexachlorophene.

In persons with highly sensitive skin, the use of pHisoHex may at times produce a reaction characterized by redness and/or mild scaling or dryness, especially when used as excessive rubbing or exposure to heat or cold.

Treatment of Accidental Ingestion: The

accidental ingestion of pHisoHex in amounts from 1 to 4 oz. has caused no serious effects, including vomiting, diarrhea, dehydration, convulsions, hypotension and shock, and in several reported instances, fatalities. The stomach should be evacuated by emesis or lavage followed by a saline cathartic with symptomatic and supportive treatment as indicated. See package insert or FDR for details.

How Supplied: pHisoHex is available in unbreakable plastic squeeze bottles of 5 ounces, 1 pint, and in plastic bottles of 1 gallon.

Whitworth Laboratories
New York, N.Y. 10016

In Vitro Research and the Three-Dimensional World of SEM

E. coli + sulfamethoxazole



E. coli + tetracycline



E. coli + cephalothin



E. coli + ampicillin



0.1 M.I.C. for three hours
Similar elongations occur regardless of antibacterial used.

1.0 M.I.C. for three hours
Similar midcell defects occur with increased antibacterial concentrations.

10 M.I.C. for three hours
Similar spheroplast-like forms appear with high concentrations of the antibacterials.

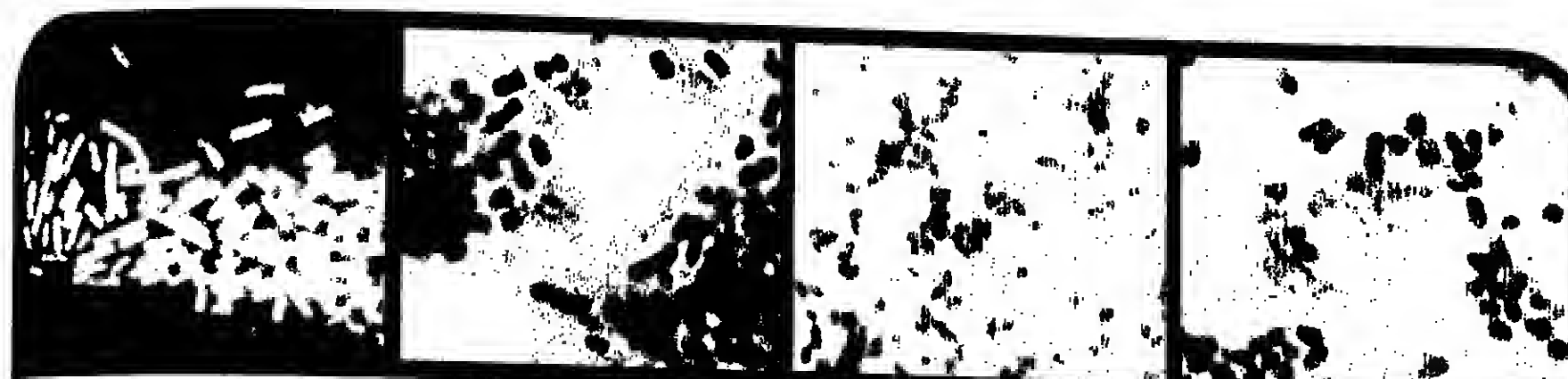
The Scanning Electron Microscope (SEM) reveals the effect of certain antibacterials on bacterial morphology

The in vitro experiment. These SEM photomicrographs were taken as part of a study exploring the effects of various antibacterials with different modes of action on the surface morphology of bacteria. The scanning electron microscope was used because of its ability to show three-dimensional views of organisms, enabling better definition and appreciation of surface morphology. For this portion of the experiment, *E. coli* were exposed to the following agents: sulfamethoxazole, a chemical drug which acts by interference with para-aminobenzoic acid utilization; tetracycline, which interferes with intracellular protein synthesis; and cephalothin and ampicillin, which are cell-wall-active drugs. Strains of *E. coli*, each susceptible to the respective antibacterials, were exposed for 15, 30, 60, 120 and 180 minutes, and 18 hours to several concentrations of each agent. Following the 180-minute or three-hour exposures to the antibacterial agents at 0.1 M.I.C., 1.0 M.I.C. and 10 M.I.C., photoscans of the *E. coli* were taken. As shown above, regardless of the antibacterial agent used or its mode of action,

the changes in surface morphology were remarkably similar... elongation at low drug concentrations, midcell defects at higher concentrations and ultimate progression to spheroplast-like forms. The interpretation. "At present, the significance of these observations in clinical infection must be considered with caution, but it is hoped that these data will stimulate a reevaluation of present concepts of the nature and role of morphological variants of bacteria exposed to a variety of antibacterial factors." It should be noted that this information represents only *in vitro* research. No clinical significance can be drawn from this study concerning the effectiveness of any of the agents discussed, as it is not possible to extrapolate *in vitro* data to humans. This information is presented to demonstrate the continuing research activities in the area of antibacterials, particularly modes of action and surface morphology.

*Data on file, Hoffmann-La Roche Inc., Nutley, N. J.
*Antimicrob. Agents Chemother., 1:164, 1972.

Observations from clinical practice



E. coli—Fluorescent stain

Klebsiella sp.—Stain to define capsular envelope

Enterobacter sp.—Gram stain showing characteristic gram-negative rod

Proteus mirabilis—Flagella stain

□ **Effective control of primary susceptible bacterial offenders** Gantanol® (sulfamethoxazole) is effective against susceptible strains of *E. coli* and other gram-negative and gram-positive organisms, including *Klebsiella-Aerobacter*, *Staph. aureus* and *Proteus mirabilis*.

□ **Prompt antibacterial blood and urine levels—in from 2 to 3 hours**

After an initial 2-Gm adult dose, antibacterial levels usually appear in blood and urine in from 2 to 3 hours. This rapid initiation of effective antibacterial activity facilitates decisive treatment of nonobstructed urinary tract infections, and may also help avert possible sequelae.

□ **Around-the-clock coverage for 14 days**

Mounting evidence in current medical literature suggests a minimum of 14 days' continuous therapy for urinary tract infection.* Following the initial 2-Gm adult dose, each 1-Gm dose of Gantanol provides up to 12 hours of antibacterial activity

during the treatment period. When cystitis or pyelonephritis is more severe, *i.e.* (q. 8 h.) dosage schedules may be needed. Both regimens provide therapy around the clock, especially important during sleep, when normal urinary retention tends to favor bacterial proliferation. And convenient for the patient, as his sleep need not be disturbed for middle-of-the-night medication.

□ **Also effective in certain nonobstructed chronic and recurrent urinary tract infections**

Nonobstructed urinary tract infections such as cystitis or pyelonephritis—chronic and/or recurrent—develop more commonly in the elderly and debilitated, and response to Gantanol (sulfamethoxazole) is often highly satisfactory. Gantanol is generally well tolerated with relative freedom from complications; the most common side effects are nausea, vomiting and diarrhea. Frequent c.b.c.'s and urinalyses with microscopic examination are recommended during therapy.

*Data on file, Hoffmann-La Roche Inc., Nutley, N. J.

In nonobstructed cystitis due to susceptible organisms

Gantanol® B.I.D. (sulfamethoxazole)

Basic therapy

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Acute, recurrent or chronic nonobstructed urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms. *Note:* Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response and add sulfonamide acid to follow-up culture media. The increasing frequency of resistant organisms nullifies the usefulness of antibacterials including sulfonamides, especially in chronic or recurrent urinary tract infections. Measure sulfonamide blood levels as variations may occur; 20 mg/100 ml should be maximum total level.

Contraindications: Sulfonamide hypersensitivity; pregnancy at term and during nursing period; infants less than two months of age.

Warnings: Safety during pregnancy has not been established. Sulfonamides should not be used for group A beta-hemolytic streptococcal infections and will not eradicate or prevent sequelae (rheumatic fever, glomerulonephritis) of such infections. Healthy from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported and may occur. Frequent CBC and urinalysis with microscopic examination are recommended during sulfonamide therapy. Insufficient data on children under six with chronic renal disease.

Precautions: Use cautiously in patients with impaired renal or hepatic function, severe allergy, blood dyscrasias, in glucose-6-phosphate dehydrogenase-deficient individuals in whom dose-related hemolysis may occur. Maintain adequate fluid intake to prevent crystalluria and stone formation.

Adverse Reactions: Blood dyscrasias (agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, hemolytic anemia, purpura, hypoproteobinemia and methemoglobinemia); allergic reactions (erythema multiforme, skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis); gastrointestinal reactions (nausea, emesis, abdominal pains, hepatitis, diarrhea, anorexia, pancreatitis and stomatitis); CNS reactions (headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo and insomnia); miscellaneous reactions (drug fever, chills, toxic nephrosis with oliguria and anuria, periarthritis nodosa and L.E. phenomenon). Due to certain chemical similarities with some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diabetes and hypoglycemia as well as thyroid malignancies in rats following long-term administration. Cross-sensitivity with these agents may exist.

Dosage: Systemic sulfonamides are contraindicated in infants under 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis). **Usual adult dosage:** 2 Gm (4 tabs or teasp.) initially, then 1 Gm b.i.d. or i.i.d. depending on severity of infection. **Usual child's dosage:** 0.5 Gm (1 tab or teasp.)/20 lbs of body weight initially, then 0.25 Gm/20 lbs b.i.d. Maximum dose should not exceed 75 mg/kg/24 hrs.

Supplied: Tablets, 0.5 Gm sulfamethoxazole; Suspension, 0.5 Gm sulfamethoxazole/teaspoonful.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N. J. 07110

MDs Might Be More Helpful If They Tried Diabetes Diets

Medical Tribune World Service

BRUSSELS—Every physician with diabetic patients was urged to follow their diet himself for two weeks so that he could better understand what they have to live with for the rest of their lives.

Prof. J. J. Groen of Leiden, the Netherlands, said: "If we want our patients—middle-aged or young—to keep their regi-

mens, we will first have to realize ourselves what an enormous—and for children practically unbearable—infringement of their freedom we impose on them."

A psychosomatic approach to the disease should start at the moment it is discovered, Dr. Groen told the eighth Diabetes Congress. Too often, he said, the doctor begins to explain to his newly discovered diabetic what to do while the patient is still trying to comprehend the fact that he has a chronic illness.

This is hardly conducive to good learning, he commented, and some of the later "cheating" on diet or neglect of medication may stem from insufficient understanding of their importance.

Patients who cheat should be treated the way psychiatrists treat addicts or delinquents, Dr. Groen recommended. The physician must try to understand, not punishing and threatening but rather rewarding and showing appreciation of adherence to a regimen.

When blood and urine glucose levels indicate the patient has been cheating, he said, the doctor should induce him to talk about his life situation.

Myeloma Symposium Is Set For Atlanta Oct. 22-23

Medical Tribune Report

BETHESDA, Md.—HEW's National Cancer Institute is sponsoring a Symposium on Myeloma October 22-23 in Atlanta, Ga.

The meeting is sponsored by the National Cancer Institute's Clinical Investigations Branch and the Cancer Clinical Investigation Review Committee, a group of Federal and non-Federal scientists who evaluate new treatments for cancer.

Chairman of the symposium is Dr. William C. Levin, Professor of Medicine and director of the Hematology Research Laboratory, University of Texas Medical Branch, Galveston.

Capsule Thermometer



Under development at the NASA Ames Research Center in California is a radio-transmitter capsule to monitor deep-body temperatures via a radio receiver placed nearby. It will allow doctors to check localized temperature changes that could reveal the presence of infection or other disorders.

Unnecessary Surgery

MONTREAL—Last year 29,000 hysterectomies were performed in the province of Quebec—us many as in all of Great Britain.

"Were all these operations necessary?" Dr. Sidney S. Lee, of McGill University, asked in a symposium on health research priorities in Canada.

"Why does the catarract surgery patient in Quebec stay in hospital four days longer than the same patient in Massachusetts? And do we know whether or not tonsillectomies should be performed and on what clinical basis?"

Some of the money spent on "unnecessary surgery and hospitalization," he suggested, could more usefully be applied to clinical research.

Health services research in all of North America he found to be "chaotic, multicentric, and frequently downright confused."

Dr. Lee, formerly of Harvard University's Faculty of Public Health, is now associate dean in McGill's Faculty of Medicine and is an expert on regional health planning.

Abortion Cost Attacked

THE HAGUE—The prevailing cost of about 350 to 400 guilders (about \$130-150) for an abortion at an authorized clinic in the Netherlands has been attacked by a woman member of Parliament. The fee is "out of proportion" to the actual costs of an abortion, she said, and asked for a government inquiry to determine whether the fee should be lowered on humanitarian grounds.

Limb Center Set Up

WROCLAW, POLAND—A limb replantation and vessel traumatology center has been set up at the Trzebnica Hospital in Wroclaw, one of the first in Europe. Head of the team is Dr. Ryszard Kozlowski, leader of a group that attracted attention when it successfully carried out the restoration of a hand completely severed by a circular saw two years ago. The operation, carried out at a small district hospital, was the first of its kind in Poland, according to hospital authorities.

Surgery Used for HBP

ATHENS—Surgical interventions have been carried out in about 100 patients with different forms of hypertension here over the last 10 years, according to Dr. Efthymos Vordis, Professor of Medicine at Athens University and vice-president of the Committee for the Struggle Against Hypertension. Operations have included nephrectomies, revascularization of ischemic kidneys, removal of adrenal tumor, and repair of coarctation of the aorta.

Orthopedists Needed

UTRECHT, THE NETHERLANDS—The Netherlands' 150 orthopedic surgeons are unequal to the growing need for their services in this nation of 13,000,000 persons, according to a statement by The Netherlands Orthopedic Society.

The causes were given as: advances in medical care and sociomedical provisions; greater prosperity among the patient population; increasing incidence of accidents; and a longer life span.

The society said that too many patients are referred to orthopedists because of insufficient education of general practitioners in orthopedics. It also expressed regret that not all university clinics have orthopedic departments; that universities provide inadequate opportunity for research; and that among the new academic hospitals in Amsterdam, Utrecht, and Leyden, only 35 of each 1,000 beds are designated for orthopedics.

A Microbicidal Douche

Clinically Effective in Vaginal Moniliasis
Trichomonas Vaginalis Vaginitis
Nonspecific Vaginitis



BETADINE DOUCHE is virtually nonirritating to vaginal mucosa. Low surface tension, with uniform wetting action, assists penetration into vaginal crypts and crevices. BETADINE DOUCHE, used therapeutically, requires two tablespoonfuls to a quart of lukewarm water daily for a week or two, as needed. It may also be used as a routine cleansing douche, utilizing one tablespoonful to a quart of lukewarm water once or twice a week. SUPPLIED: 8 oz. & 1 gal. plastic bottles.

Purdue Frederick

Therapy of Infectious Vaginitis

Managing Wednesday's Child... the child with MBD

"Wednesday's child is full of woe" It need not be this way for the MBD child.

He can learn and adjust if given a helping hand.

Without help, the MBD child may be a slow reader, can find writing difficult, and arithmetic hard to grasp. He may be excitable, and his actions can be disruptive. The result can seriously hamper his educational and social development.

But, properly diagnosed and treated, MBD—Minimal Brain Dysfunction—can be brought under control so that the afflicted child can develop normally.

And Ritalin can play an important part in the total rehabilitation program of the MBD child, which includes remedial measures at home and at school. It's currently the drug of choice in many MBD situations.

Ritalin is well tolerated. It can help control the excessive motor activity of the MBD child and ameliorate behavioral and learning problems.

Of course, Ritalin is not indicated for childhood personality and behavioral disorders not associated with MBD.

Ritalin®
(methylphenidate)
only when medication
is indicated

Ritalin® hydrochloride (methylphenidate hydrochloride)

TABLETS

INDICATION
Minimal Brain Dysfunction in Children—as adjunctive therapy to other remedial measures (psychological, educational, social).

Specific Diagnostic Considerations
Specific etiology of Minimal Brain Dysfunction (MBD) is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources.

Characteristics commonly reported include: chronic history of short attention span, distractibility, emotional lability, impulsivity, and modality to severe hyperactivity; minor neurological signs and abnormal EEG. Learning may or may not be impaired. The diagnosis of MBD must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these characteristics. Drug treatment is not indicated for all children with MBD. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis. Accurate educational placement is essential and psychosocial intervention is generally necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms.

CONTRAINDICATIONS

Marked anxiety, tension, and agitation, since Ritalin may aggravate these symptoms. Also contraindicated in patients known to be hypersensitive to the drug and in patients with glaucoma.

WARNINGS

Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established. Sufficient data on safety and efficacy of long-term use of Ritalin in children with minimal brain dysfunction are not yet available. Although a causal relationship has not been established, suppression of growth (i.e., weight gain and/or height) has been reported with long-term use of stimulants in children. Therefore, children requiring long-term therapy should be carefully monitored.

Ritalin should not be used for severe depression of either exogenous or endogenous origin or for the prevention of normal fatigue states. Ritalin may lower the convulsive threshold in patients with or without prior seizures, with or without prior EEG abnormalities, even in absence of seizures. If a concomitant use of anticonvulsants and Ritalin has not been established, if seizures occur, Ritalin should be discontinued.

Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.

Drug Interactions

Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously withpressor agents and MAO inhibitors. Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbital, diphenylhydantoin, primidone), phenylbutazone, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.

Usage in Pregnancy

Adequate animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless, in the opinion of the physician, the potential benefits outweigh the possible risks.

Drug Dependence

Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative. Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parental abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required because of the patient's basic personality disturbances.

PRECAUTIONS

Patients with an element of agitation may react adversely to discontinuation of therapy if necessary. Periodic CBC, differential, and platelet counts are advised during prolonged therapy.

ADVERSE REACTIONS

Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and/or giving the drug in the afternoon or evening. Other reactions include: hypersensitivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia, nausea, dizziness, palpitations; headache; dyskinesia; drowsiness; blood pressure and pulse changes, both up and down; tachycardia; angina; cardiac arrhythmias; abdominal pain; weight loss during prolonged therapy. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: leukopenia and/or anemia; a few instances of scalp hair loss. In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently; however, any of the other adverse reactions listed above may also occur.

DOSEAGE AND ADMINISTRATION

Children with Minimal Brain Dysfunction (6 years and over) Start with small doses (eg, 5 mg before breakfast and lunch) with gradual increments of 5 to 10 mg weekly. Daily dosage above 60 mg is not recommended. If improvement is not observed after appropriate dosage adjustment over a one-month period, the drug should be discontinued. If paradoxical aggravation of symptoms or other adverse effects occur, reduce dosage, or, if necessary, discontinue the drug. Ritalin should be periodically discontinued to assess the child's condition. Improvement may be sustained when the drug is either temporarily or permanently discontinued. Drug treatment should not and need not be indefinite and usually may be discontinued after puberty.

HOW SUPPLIED

Tablets: 20 mg (pink, scored); bottles of 100 and 1000. Tablets: 10 mg (pink, scored); bottles of 100, 500, 1000 and Accu-Pak blister units of 100. Tablets: 5 mg (pink, scored); bottles of 100, 500, and 1000. Consult complete product literature before prescribing.

CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

Reference
1. Chailion, M. H. N.Y. State J Med 15:2058 (Aug 15) 1972.

C I B A

Chaney Charges U.S. Ignores Medical Needs of Cambodia

Continued from page 1

"Washington is doing," he asserted. "Washington has sent no technical help, no material help, no medicines. Everybody says they're doing something, but nobody is. And that's three and a half years after the coup" that overthrew Prince Norodom Sihanouk, now in exile in Peking.

Dr. Chaney said that Cambodia's physicians are well trained, hard working, and desperate.

"In provincial hospitals, the doctors are working in makeshift buildings, using equipment that looks like something left over from the Japanese occupation 30 years ago. You see a patient who has been hit in the chest and has hemothorax, and the doctor doesn't have the suction equipment to drain the chest. He says that even if he had the equipment and could treat the wound, the patient would probably die of septicemia because there are no antibiotics."

The press conference was called to announce an agreement signed by the Thomas A. Dooley Foundation to supply medical supplies and services to Cam-

bodia. The agreement calls on the foundation to ship medicines and equipment for provincial hospitals, to provide a medical laboratory for the physicians and staff who are trying to take care of half a million refugees in the capital, and to provide staff for a day-care center for malnourished children in Phnom Penh.

Dr. Chaney said that he has been trying to get 10 portable disaster emergency hospitals, recently declared surplus by the U.S. Department of Health, Education, and Welfare. The 200-bed hospitals, originally developed for the Civil Defense Program, have complete diagnostic and surgical facilities and could be airlifted to provincial Cambodian cities, Dr. Chaney declared.

But efforts to get cooperation in Washington have "come to zero," he added.

At the Agency for International Development, he said, "they questioned the seriousness of the medical problem. I just couldn't get them interested."

Dr. Chaney asserted that AID officials told him they could take no action until they got an opinion from the embassy in



Refugee girl holds younger brother, suffering from severe malnutrition, in a refugee camp in Kampong Chhnang province, which was visited by Dr. Chaney.

Phnom Penh, "but there is no physician in the embassy."

"The AID has a medical consultant, but he hasn't been in Cambodia since 1966," he said.

He was asked why the AID was not referred to Cambodian health authorities for a picture of the problem and replied that it was apparently the agency's position that the views of Cambodian physicians would not be "impartial."

To contrast with the attitude of the

American Government, Dr. Chaney disclosed, the Japanese have already sent \$200,000 worth of antibiotics, and American pharmaceutical companies are also giving generously.

"I'm at a loss to account for the attitude I met with in Washington," he remarked. Sen. Daniel K. Inouye (D-Hawaii) tried to be helpful, "but aside from putting me in touch with what were thought to be the right people, there wasn't much more he could do."

Dr. Chaney, who founded the Thomas A. Dooley Foundation in 1961 to further the work of the late Dr. Tam Dooley, said that he is now planning to turn to the governors of the various states for help.

"There are some 2,100 emergency disaster hospitals distributed among the states. Our plea will now be to the governors to let us have some of these hospitals."

Dr. Chaney, a graduate of Johns Hopkins University, worked with Dr. Dooley in Cambodia and Vietnam and served as surgical consultant to Dr. Albert Schweitzer at the latter's famous hospital in Lambaré, Gabon.

"As a physician, I tend to take a simplistic view of the Cambodian problem," he told the press conference. "Right or wrong, the United States decided to come to the native support of the Cambodian Government or people. Maybe they'll be free, maybe not. That's far the politicians to decide. But as a physician, I believe that the people of Cambodia have a right to be well."

With Market Expanding, Cooper Advises Price Cut For Hypotensive Drugs

Continued from page 1

expensive drug or a very inexpensive drug."

For the patient who must take three drugs simultaneously to control his elevated blood pressure, this means a charge of \$6 in addition to the cost of the drug each time his prescription is prepared which is often every 30 days.

"We feel there are other approaches," Dr. Cooper said, "that can save money

for the patient without seriously causing a handicap or reduction in income to the people involved in the manufacture and transmission of the pharmaceutical agent."

Dr. Cooper suggested that either the handling cost for preparing antihypertensive drug prescriptions be reduced or the usual period (30 days) between prescriptions be extended "to some appropriate number that is acceptable to the physician and the patient." He added that the answer may lie in a combination of these.

"I'm not in favor of reducing profit," Dr. Cooper said. "But in the free-enterprise system, as the market expands, very often the price comes down per unit."

"I would think they [the pharmaceutical manufacturers] should respond in that way—I think they will."



DR. COOPER

situation: constipation:

Ex-7 Washington, London
On the go... busy... every
moment counts.

laxation:

Easy and effectively with one of two SENOKOT Tablets. Taken at bedtime, they gently induce comfortable evacuation in the morning. Leave the traveler free to conduct his business... or enjoy his vacation.

Supplied: SENOKOT Tablets (small, easy-to-swallow) — Divides of 50 and 100. Travel Packs of 10.

Senokot

Tablets
(standardized sennae concentrate)

a natural laxative

Purdue Frederick

You can't take hypertension casually



Uncontrolled hypertension increases the patient's vulnerability to organ damage.

All the more reason to treat hypertension with Ismelin.

When other antihypertensive agents no longer provide control, it may be time to add Ismelin. Guanethidine (Ismelin) is perhaps the most effective agent ever available for control of moderate to severe

hypertension. And tolerance with Ismelin is rarely a problem.

Patients should be warned about the potential hazards of orthostatic hypotension, and cautioned to avoid sudden or prolonged standing or exercise.

Ismelin® sulfate (guanethidine sulfate)

sooner may be better for the uncontrolled hypertensive

ISMELINE sulfate (guanethidine sulfate)

INDICATIONS: Moderate and severe hypertension either alone or as an adjunct.

CONTRAINDICATIONS: Known or suspected pheochromocytoma; hypersensitivity; tank congestive heart failure not due to hypertension; patients taking MAO inhibitors.

WARNINGS: Ismelin is a potent drug and can lead to disturbing and serious clinical problems. Physicians should be familiar with the details of its use before prescribing, and patients should be warned not to deviate from instructions.

Warn patients about the potential hazard of orthostatic hypotension, which can occur frequently and is most marked in the morning and is accentuated by hot weather, alcohol, or exercise. To help prevent fainting, warn patients to sit or lie down with onset of dizziness or weakness, which may be particularly bothersome during the initial period of dosage adjustment and with postural changes. The potential occurrence of these symptoms may require alteration of previous daily activity. Caution patients to avoid sudden or prolonged standing or exercise while taking the drug.

Concurrent use with rauwolfia derivatives may cause excessive postural hypotension, bradycardia, and mental depression. If possible, withdraw therapy 2 weeks prior to surgery to reduce the possibility of vascular collapse and cardiac arrest during anesthesia. If emergency surgery is indicated, administer preanesthetic and anesthetic agents cautiously in reduced dosage and have oxygen, atropine, vasopressors, and IV solutions ready for immediate use to treat vascular collapse. Vasopressors should be used with extreme caution in patients on Ismelin because of the possibility of augmented response and the greater propensity for cardiac arrhythmias. Dosage requirements may be reduced in presence of liver. Exercise special care when treating patients with a history of bronchial asthma, since their condition may be aggravated.

Usage in Pregnancy: The safety of Ismelin for use in pregnancy has not been established; therefore, this drug should be used in pregnant patients only when, in the judgment of the physician, its use is deemed essential to the welfare of the patient.

PRECAUTIONS: The effects of guanethidine are cumulative over long periods. Initial doses should be small and increased gradually in small increments. Use with caution in hypertensives with renal disease and nitrogen retention or rising BUN levels, coronary disease with insufficiency or recent myocardial infarction, cerebral vascular disease, especially with encephalopathy. Do not give Ismelin to patients with severe cardiac failure except with extreme caution.

In incipient cardiac decompensation, weight gain or edema may be averted by the administration of a diuretic. Remember that both digitalis and Ismelin slow the heart rate. Peptic ulcers or other chronic disorders may be aggravated by a relative increase in parasympathetic tone. Amphetamine-like compounds, stimulants (eg, amphetamine, methylphenidate), tricyclic antidepressants (eg, amitriptyline, imipramine, doxepin), and other psychopharmacologic agents (eg, phenothiazines and related compounds), and oral contraceptives may reduce the hypotensive effect of guanethidine. Discontinue MAO inhibitors for at least one week before starting Ismelin.

ADVERSE REACTIONS: Frequent reactions due to sympathetic blockade—dizziness, weakness, lassitude, syncope. Frequent reactions due to unopposed parasympathetic activity—bradycardia, increase in bowel movements, diarrhea (may be severe and necessitate discontinuance of the drug). Other common reactions—inhibition of ejaculation, fluid retention, edema, congestive heart failure. Other less common reactions—dyspnea, fatigue, nausea, vomiting, nocturia, urinary incontinence, dermatitis, scalp hair loss, dry mouth, rise in BUN, spots on the face, blurring of vision, carotid tenderness, myalgia, muscle tremor, mental depression, chest pains (anginal), chest parasthesias, nasal congestion, weight gain, and asthma in susceptible individuals. Although a causal relationship has not been established, a few instances of anemia, thrombocytopenia and leukopenia have been reported.

DOSEAGE AND ADMINISTRATION: Initial dosage should be low and increased gradually by small increments. Before starting therapy, consult complete product literature.

HOW SUPPLIED: Tablets, 10 mg (pale yellow, scored) and 25 mg (white, scored); bottles of 100 and 1000.

CIBA Pharmaceutical Company Division of CIBA-GEIGY Corporation Summit, New Jersey 07901

C I B A

Clinical Trials



by Olden

Expert Hits Qualms on Diagnostic Radiology

Medical Tribune Report

WASHINGTON—Suggestions that diagnostic radiologic procedures and exposures should be cut in half are "folly and arrant nonsense," Dr. Richard H. Chamberlain told the International Radiation Protection Association meeting here.

Dr. Chamberlain, chairman of the Department of Radiology at the University of Pennsylvania, was responding to warnings concerning the danger of overexposure in diagnostic radiation.

The warnings came from a variety of speakers at the five-day conference, including consumer activist Ralph Nader, who charged that patients are receiving 10 times more radiation than necessary from diagnostic x-ray procedures.

What affected Dr. Chamberlain most, however, and caused him to add strong words to a prepared text, was the calculation of Ralph E. Lapp, Ph.D., that at current dosage rates, there will be some 100,000 iatrogenic cancer deaths related to medical diagnostic radiation by the year 2000.

Charging that the nuclear physicist had "strayed from his area of competence," Dr. Chamberlain declared that Dr. Lapp's calculation was based on many assumptions "and is not scientific fact."

200,000 Procedures Done

Nearly 200,000 diagnostic radiation procedures are carried out at the Hospital of the University of Pennsylvania each year, Dr. Chamberlain said.

"We not only interpret the films and do the associated procedures and fluoroscopies, but also know what the patients are being studied for," he went on.

"In a large proportion of the cases, we personally consult with the other physicians involved regarding the original problem and its follow-up. Beyond any shadow of doubt, our examinations are either the vital factor or a major one in saving tens of thousands of lives per year."

To suggest that such examinations should be cut in half not only is "folly and arrant nonsense," he said, but also would "literally be condemning tens of thousands of patients to misery and untimely death—and for a highly dubious hypothesis of exaggerated emphasis."

Dr. Chamberlain observed that the true value of a diagnostic aid, such as radiology, cannot be measured in mortality statistics alone.

"The quality of life and the sense of well-being and health of the individual is of primary concern."

He cautioned against the imposition of rigid rules regarding medical radiology because "in a high proportion of radiological examinations one cannot anticipate the beneficial yield until after the examination has been performed, and omission of a

vital examination can lead to a disaster far more important than a possible or statistical risk from the radiation exposure."

"I will wholeheartedly urge that every effort be expended to ensure that considered judgment is used in each decision for radiation use," he said, "but I view as folly emphasis on expensive, elaborate, and es-

entially useless programs of national record keeping of medical exposures, simplistic rules as to the justification of abortion on a radiation basis, and undue emphasis on radiation protection programs in areas which should be using their energies to furnish more medical radiological diagnosis for their people."

Noting that he has spent a major part of his life urging "thrift" in the use of radiation, Dr. Chamberlain stated that it is not "easy or cheap" to cut procedures or exposures in half, as had been suggested.

"It may well cost three times as much or more for the same diagnostic information," he said.

"If I were a patient denied such benefits by any such simplistic folly, I'd take out after the person responsible with an ax."

What the Sleep Research Laboratory recorded about DALMANE[®] sleep...¹
(flurazepam HCl)

- reduced sleep latency
- decreased time awake after sleep onset
- increased total sleep time

The polygraphic techniques of the sleep research laboratory have objectively documented the value of Dalmane (flurazepam HCl) for patients with difficulty falling asleep or staying asleep.

Hundreds of hours of monitored sleep¹ have shown that one 30-mg capsule of Dalmane at bedtime generally induced sleep within 17 minutes, significantly reduced time awake after sleep onset and provided 7 to 8 hours of sleep. Dalmane effectiveness was maintained even over 14 consecutive nights of administration, demonstrating the consistent effectiveness of Dalmane.

Before prescribing Dalmane (flurazepam HCl), please consult Complete Product Information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings, in patients with recurring insomnia or poor sleeping habits, and in acute or chronic medical situations interfering with sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

Warnings: Caution patients about possible side effects with alcohol and other CNS depressants. Caution against hazardous occupational or driving activities. Do not operate machinery or drive a car until you are fully awake. Do not use if you are taking other sedatives or tranquilizers. Do not use if you are taking other sedatives or tranquilizers. Do not use if you are taking other sedatives or tranquilizers.

psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude over-sedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, light-headedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intoxication or overdose, have been reported. Also reported were headache,

heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushing, difficulty in focusing, blurred vision, burning eyes, lightheadedness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubin and alkaline phosphatase. Paresthesia and hyperactivity have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. Adults: 30 mg usual dosage; 15 mg may suffice in some patients. Elderly or debilitated patients: 15 mg initially until response is determined.

Supplier: Capsules containing 15 mg or 30 mg flurazepam HCl.

MD Must Consider Drug Abuse
A Possibility in Teen 'Jocks'

Medical Tribune Report

CLEVELAND—Physicians should not overlook the possibility of a drug habit in young men who are participating or have participated in team sports, Dr. Paul G. Dymant said here.

Just because a boy is a "jock," he is not immune to abuse of drugs, especially amphetamines, he told a Cleveland Clinic sports symposium.

Dr. Dymant, who is in the department of pediatrics and adolescent medicine at the clinic, reported that a survey of 154 male high school graduates who were interviewed at the Free Clinic here showed that 60 per cent claimed to have participated in varsity sports—22 in football, 15 in baseball, 14 in track, and lesser numbers in other sports.

"We felt this was a higher number than in an average group of boys, and probably there was some embellishment," he commented, "but at least it shows there is a chance of them winding up" as drug

abusers, "and we should do everything we can to prevent this."

He played a tape-recorded interview with a former varsity football player in high school who said he began taking amphetamines before games because "it made me feel I had incredible stamina. . . . I felt it increased my athletic ability, and the coach was not looking for it."

This boy has gone on to the practice of "mainlining" heroin, Dr. Dymant said.

Muscle Fatigue Not Delayed
By Use of Amphetamines

Medical Tribune Report

FARMVILLE, VA.—"Ingestion of D-amphetamine will not significantly delay the onset of local fatigue in most cases of muscular work," according to Gerald P. Graham, Ph.D., of Longwood College here.

Noting that most physical activities use the isotonic movement of muscles, he said that in a double-blind study he found no

significant decrease in muscular fatigue during isotonic work. The study was conducted while the investigator was at Kent State University, Canton, Ohio.

After 18 male college students ingested 15 mg of D-amphetamine sulfate, the integrated action potentials produced by isotonic work of the triceps brachii were not significantly lower than those produced when no capsule or placebo was taken. Dr. Graham assumed that a "decrease in the amount of integrated action potentials at a specific load indicated greater muscular efficiency at that load." The drug, therefore, did not appear to alter isotonic contractile efficiency.

During isometric contractions of the triceps of another 18 men, however, the same dosage of D-amphetamine sulfate did significantly decrease integrated action potentials. The significant decrease occurred when the D-amphetamine means were compared with the control means but not when compared with the placebo means.

In a few activities that require isometric work, "such as static exercises in gymnastics and wrestling, or work involving heavy resistance whereby the movements are not rhythmic," D-amphetamine "could prolong endurance and increase the strength of the individual," Dr. Graham explained.

IMMATERIA
MEDICA

By DUDLEY STRAUS

What's in a number?

We're beginning to think that the Martians may have already landed here, numbered rather than named, and anxious to make contact with one another. But why through this column?

In May we reported our first communication from a number—this one at West Virginia University Medical Center in Morgantown. We erroneously read the number as 36100 over 83005005 (this is important) and subsequently printed a correction from the number, which wanted to be spelled correctly as 36100 over 83005005.

Now we've received the following letter from an unidentified part of Chicago (not even a zip code number) addressed to the original number, care of us:

"Dear 36100 over 83005005:

"I think you are to be congratulated on the mature way you resolved your identity crisis in the August 22 Immateria Medica.

"These stressful situations do occur, and when they do, they are often accompanied by acute psychic challenge.

"I know a perfectly charming alpha-numeric who once suffered an accidental prefix omission. As you might well imagine, it took years of therapy for her to regain an acceptable self-image. At one point in her treatment, she regressed so far that she could be reached only with simple quadratic equations!

"I also know of a pure odd-integer digital who was somewhat casually converted into a metric equivalent. Imagine his anguish and despair when he discovered that not only had his decimal been misplaced . . . his lost two digits had been rounded off, as well!

"If I seem a bit emotional about these matters, a glance at my signature will explain why.

Good Luck!

36100

83005005"

Our problem is our uncertainty about the propriety of becoming a letter drop for numbers, "charming alpha-numeric" or not. What are they up to? Are they planning to take over the country? Move in on the imported tulip bulb racket?

Any advice about when we should call in appropriate investigative agencies would be appreciated, along with some notion about which agencies are the ones for the job.

Lawyers! The University of Southern California held a summer institute entitled "The Psychiatrist as Expert Witness and Consultant in Civil and Criminal-Legal Issues." We were somewhat taken aback by a listing, among the faculty, that read:

"Dorothy K. Davis, Esquire."

Unsure of our ground, we first called the New York Bar Association to find out whether this was proper; the answer was No.

Next, we called the New York Women's Bar Association with the same question; the answer was Yes.

Clearly, our next step is the Supreme Court.

And while we're on odd formulations, we note that a "Momo to Newsman" about a meeting of the American Roentgen Ray Society said: "The News Room is Rooms 342 and 344."

The fifth Buffalo (N.Y.) Conference on Computers in Clinical Medicine is being held at the end of the month. We were particularly taken with the last item in the program's section called "General Information":

"Canadian physicians should remove narcotics to avoid difficulty at customs inspections."

What the patients reported when they awoke¹

- more rapid sleep induction
- increased duration of sleep

The utility of any sleep medication depends, ultimately, on patient acceptance. For this reason, sleep laboratories evaluating Dalmane (flurazepam HCl) have obtained the patients' own estimates of their sleep immediately on awakening in the morning. These subjective evaluations have been in strong agreement with the polygraphic records, confirming polygraphic evidence of Dalmane effectiveness compared to placebo.

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DALMANE[®]
(flurazepam HCl)
When restful sleep is indicated

One 30-mg capsule h.s.—usual adult dosage (15 mg may suffice in some patients).
One 15-mg capsule h.s.—initial dosage for elderly or debilitated patients.

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